FOR	ST	AT	E
HEALT	H	DE	PT.

farm

Item 18. Give Pages 1,

This certificate shauld be executed within 24 haurs after death.

ward "pending" in the Chief Medical Ex

shauld be farwarded to

the funeral director.

the certificate,

AL EXAMINER:

TO DEPUTY

delay is ond 3 ta

PM3. Page State Department of hours Office alang with the event within pages I in any File permit. remayal, 5 crematian, 0 SD burial, pe priar ta 3 shauld its designated agent, may be retained far yaur FUNERAL DIRECTOR: Page 0

Health 50

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14285 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Montgomery o. STATE b. COUNTY Maryland Montgomerv MARYLAND b. CITY OR TOWN (If outside carporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 4 days Silver Spring Olney

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Montgomery General Hospital Rt. 1, Box 2840 YES NO 3. NAME OF Middle First Lost 4. DATE Manth DECEASED Tyrone Elmer Addison 19 66 October (Type or print) DEATH B. DATE OF BIRTH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Male 7/8/66 Negro WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. Olney, Maryland none none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Estelle L. Addison 17. INFORMANT Montgomery 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates af service) Gen'l. Hospital records Olney, Md. no none INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardiorespiratory failure. IMMEDIATE CAUSE (a). **DUE TO** Conditions, if ony, which gave etiology undetermined rise to immediate couse (o). DUE TO stoting the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20d INTURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City ar town) (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) at wark 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X, ond in my opinion deoth resulted from: Notural couses Accident Suicide [Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type) town, or county 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREO! 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION Ash Memorial., Spring, REMOVAL (Specify) Sandy 10-5-66 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Rockville, Mo. 1966 Ochanles

VR A15ME (5) 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	142					CERT	IFICATE						14	28	5	
	o. COUNTY		ntgomery			M	ARYLAND	USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) O. STATE Virginia b. COUNTY								
	b. CITY OR T	OWN (I	f autside carporote lim give negrest tawn a (Rural)	its,	C.	LENGTH OF STA		c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest to					st tawn)	5		
-	d. NAME OF	HOSPITA	AL OR INSTITUTION (IF	nat in ho	spital, give			1	ADDRESS South			e Ro	oad		e. IS RESI ON A F	
1	NAME OF DECEASED			First	O	Middle	MINED	Lo	ost	4. DATE OF	0.4	Mani		Day		or 66
-	(Type ar prir	t)	6. COLOR OR RACE	_	ARRIED X	NEVER MARK		B. DATE OF	RIPTH	DEAT	9. AGE (In		I IF UNDER	30 R 1 YEAR		R 24 HRS.
1	Male		Cauc.		DOWED [DIVOR			uly 19	12	last bir		Months	Days	Hours	Min.
0	Oa. USUAL OCCL	orking L V y	(Give kind af wark dan life, even if retired) (Retired	е	10b. KIND INDUS	OF BUSINESS OR TRY		11. BIRT	HPLACE (County rlotte HER'S MAIDEN	& State, ar			1 (OUNTRY OUSA	F WHAT	
١	Murray	C.	Alexander	Sr				M	argare	t L.	Smith					
Г	IS. WAS DECEA	ED EVE	R IN U.S. ARMED FORCES	?		AL SECURITY NO		INFORMAN'	(Wife	(2 S.			
	Yes		ATH (Enter anly one c		238	-03-033	39 M	rs. D	oris B	. Ale	xande:	r Rd	., Ar		gton,	
	rise to imr	under	which gave e cause (a), lying cause SNIFICANT CONDITIONS	(b) IE TO (c) CONTRIB	BUTING TO D	EATH 8UT NOT	RELATED TO	THE TERMIN	AL DISEASE CO	NDITION GI	VEN IN PAR	T 1(a)		19.	WAS AUT PERFORM	OPSY NED?
	20o. ACCID OR CONTRI	BUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		20b. DESCR	BE HOW INJURY	Y OCCURRED.	(Enter notu	re of injury in	Port 1 or P	ort II of ite	m 18.)			ES	NO [X
	20c. TIME	OF INJU	IRY Month, Day, Year n. 1		While at wark	Nat While at wark	fac	tory, street, o	RY (Hame, farr affice bldg., etc.)				ounty)		(Stote)
	21. I	certi he d	fy that (1) (this he eceased alive an_	spital) 30 C	attended otobe	the decease	ed fram 3 _, and the	O Oct	ober ,	19 <u>66</u> 11:30	ta <u>30</u> M, fram	Oct causes	obe 19 and an	66, the da	hat (4) (te state	we) la: d abav
	22a. SIGN 22c. PHYS	Con	mind I	//	ohnso	n LT MC	usn	22d.	DING ADDRESS S. Nav	MED. DIRECTOR	LJ PH	AFF IVS. K	31		ober	
	23a. BURIAL, CE REMOVAL Buri	Specify 9.1	2 N		66 A	23c. NAME OF C	on Nat	CREMATORY	Cemet	23d. ery	LOCATION (CArlin	ity or To	own)	(Count	n) (State)
	24. FUNERAL I		Fundra H	(1)	The same of the sa	N. APPER		า๋ล		D BY REGIS			EGISTRAR'S		Jus	lat

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

Virginia. (Enral) (Enral) (Siling out (S	
Sect south Courts and I am and	N
ler ay University and a second of the second	ा १८८५ हिंदी इ.स.
	`******
Marie A. C. San St. L. New York St.	

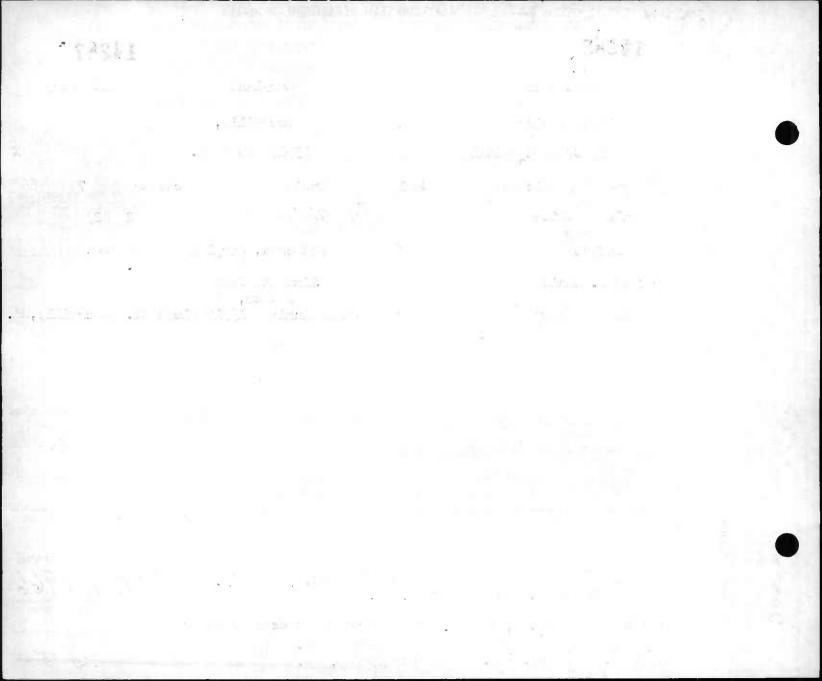
Paymond B. Johnson IC IO UMI

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. CITY OR TOWN (It dutiside carparate limits, write RURAL and give neorest town) b. COUNTY MARYLAND C. CITY OR TOWN (It dutiside carparate limits, write RURAL and give neorest town) MARYLAND C. CITY OR TOWN (It dutiside carparate limits, write RURAL and give neorest town) A NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) C. STREET ADDRESS					
	o. county on taomery		o. STATE ary la	nd. b. COUN	TY //	4
	Arite RURAL and give nearest taken	c. LENGTH OF STAY IN 16	//	e carparate limits, write RUR.	AL and give neorest tawn)	1
		ral, give street address)	7	son ave	ON A	FARM?
	DECEASED	/Middle	derson.	OF O	of 17 15	966
	4 1	The state of the s		last birthday)		
dur	ing most of warking life, even if retired)	INDUSTRY	Denmar	K	COUNTRY?	24.
L			Carolina to	orgrimson		
15. (Ye		010104.	-	nitarium Ti	Hospital Re	card.
	PART I. DEATH WAS CAUSED BY:	far (a), (b), and (c).)	1.	15		
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO DUE TO (b) DUE TO	Preumonie			2 wk	8.
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AL PERFOR YES	JTOPSY RMED? NO
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port	I or Part II of item 18.)		
MEDICAL	Hour a.m.		E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f. (City ar tawn)	(County)	(State)
	21. I certify that (1) (this haspital) at saw the deceased alive an		death accurred at	56 , ta 10 17 7 M, fram causes (and an the date stat	
	220. SIGNATURE R. H. Sanetre	M.D	. 11113.	D. STAFF PHYS.	22b. DATE SIGNED 10-17-61	
	22c. PHYSICIAN'S NAME (Type) R. H. SAND	STROM	22d. ADDRESS 7701 Car	+oll Ave Th	.ok, md	
230	BURIAL CREMATION, 23b. DATE THEREOF SEMOVAL (Specify)	6 Dorest Lawn	~	23d. LOCATION (City or Tov	les Caly	(State)
3	FUNERAL DIRECTOR	ADDRESS Land	25e-REC'D BY		GISTRAR'S SIGNATURE	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. They bease remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remay by and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20 M 1/66

tems 18&21 Film 383 12-19MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14288 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE 2, ond 3 to PM3. Page b. COUNTY Montgomery Maryland Montgomery of delay is death. MARYLAND **Department** b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) after Silver Spring DOA Rockville. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS Item 18. Give Pages 1, Office along with farm hours Holy Cross H spital 13517 Sloan St. Stote YES NO X be executed within 24 hours after death. 3. NAME OF Month First Middle Lost 4. DATE 72 DECEASED he 66 (Type or print) Richard Carl Annis DEATH October within S. SEX 6 COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Hours Months Dovs 7/8/66 Male White WIDOWED DIVORCED event CV 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) INDUSTRY None during most of working life, even if retired) COUNTRY? Bethesda, Maryland rd "pending" in pencil in Chief Medical Exominer's Infant USA ō pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James L. Annis Elizabeth Pound FILE and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Father, permit. (Yes, no, or unknown) (If yes give wor or dotes of service) removol, 13517 Sloan St. Rockville, Md. None James Annis Vone 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY 10 Acute interstitial pneumonitis IMMEDIATE CAUSE (o). 492 X This certificate should writing the word cremation, DUF TO should be forwarded to the Conditions, if ony, which gove probable viral origin rise to immediate couse (a). DUE TO stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 9 pe 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH its designoted agent, 20c. TIME OF INJURY Month, Dov. Yeor 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Poge ot work 21. I certify that that a charge of the remains described above, held an Autapsy Inspection Inquiry ond in my opinion death resulted from: Natural causes the funerol director. Accident Suicide Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED SIGNATURE TO DEPUTY pe Grandview Ave DEPTY ME Heolth or **EXAMINER'S** NAME (Type) Belden R. Wheaton. 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) 0 Burial (Specify) Florida Memorial Gardens Florida 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR 84934 Georgia Ave ylen Carter VR A15ME (5) Pumphrey 6M 1/66 larner



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEAT	гн					2. USUAL RESI	DENCE (V	Vhere dec	eased lived, If in b. COU			before a	idmission)
1	Montgome	rv			M	ARYLAND	Mary	land		AT	legan	v		1
	b. CITY OR TO	TY WN (if outside co L and give neare	rporate IIn	nits,	c. LENCTH OF S		c. CITY OR TOW	N (If outs	lde corp	orate limits, w	rite RURAL	and gly	e neare	st town)
1	Bethesda	L and give neare	st town)		22 30***		Casari	7				1		
-		OSPITAL OR INST	ITUTION (if	not in hos	23 day	at address)	d. STREET ADDR	erla	10			1 8	. IS RE	SIDENCE
	at think of the	JOI TIME ON THOI	11011011(11	1100 111 1103	pricar, give etice	ot addices/							ON A	FARM?
T		cal Cent		ethesc				Fore						
Э.	NAME DF DECEASED		First		Middle		Last	4.	DATE	Mont	.h	Day	Ye	ear
	(Type or print)	L	ester		John		Auker		DEATH	Octobe	r 5		19	66
5.	SEX	6. COLOR OR	RACE 7. N	ARRIED [NEVER MARI	RIED	B. DATE OF BIRTH	1	9.	ACE (In years	IF UNDER			
1	Male	White	w	IDOWED [DIVOR	CED T	9 Februar	y 190	01	last birthday) 65 yrs.	Months	Days	Hours	Min.
1Da	. USUAL OCCUPA	TION (Cive kind o	f work done	10b. KIN	D OF BUSINESS	OR	11. BIRTHPLAC	E (County	& State,	or foreign country	y) 12. CI	TIZEN	OF WHA	T
dur		king life, even if	retired)		DUSTRY	m4					CO	DUNTRY	7	
10	Salesma			Auto	mobile !	lires		nsylv		l .	U	SA		
13.	FATHER'S NAI	ME					14. MOTHER'S	MAIDEN	IAME					
		Harry						a Woo						
		EVER IN U.S. ARI			OCIAL SECURITY	/ NO. 17.	INFORMANTThe	Medi	cal	Record	SS			
``	Yes	1918-			-10-332		Clinical					w] er	d 2	0017
	18. CAUSE DE	DEATH [Enter o	nly one car			-	O I Z II Z OG I	00,11	,,,	DOUMEDO	M. J. Land	INTE	RVAL B	ETWEEN
		SEATH WAS CALLS	ED DV.											DEATH
		IMMEDIATE (CAUSE (a)_	Respi	ratory &	& Card	iac arres	t				_In	med:	iate
	2041		DUE TO											
1.0	Conditions, If		(b)	Cardi	ovascula	ar acc	ident					6	Day	3
	gave rise to		DUE TO											
	cause (a), underlying cau			Chror	ita Maral	ocenou	s Leukemi	Ω.				18	Mon	the
Z			(C)_ D 2MOLTIONS	ONTRIBUT	INC TO DEATH B	LIT NOT RELA	TED TO THE TERMI	NAL DISE	SECONE	DITION CIVEN IN	PART 1(a)	-		UTOPSY
A H						0111011122								RMED?
19													SX	NO 🗌
CERTIFICATION	OR CONTRIBUT	T WAS UNDERLY! TING [] CAUSE O OTIFY MEDICAL!	NC [] F DEATH EXAMINER)	20b. DE	SCRIBE HOW IF	NJURY OCCU	RRED. (Enter natu	re of inju	iry in Pa	rt I or Part II	of Item 18.	.)		
님		INJURY Month		I 2Dd IN	JURY OCCURRED	1 20a PIA	CE OF INJURY (Hon	ne farm l	206 (City or town)	(Cou	intv)		(State)
MEDICAL	Hour a		Day, Ical	1		facto	ry, street, office blo	g., etc.)	201. (city of town,	(000	,		otato,
ME		.m.	19		Not While at work									
	21. I cert	Ify that OK (this	s hospital)	attended	the decease	d fromSe	ptember 1	<u> 2 1966</u>	, to C	ctober	5, 196	6_, th	at the	we) last
	saw the de	eceased alive of	n Octo	ber 5	19 66	_, and that	death occurred	at 4:/	OM, fro	m the causes	and on th	he date	state	d above.
	22a. SIGNATI	JRE			0			F	M		22b. D/	ATE SIC	NED	
	1	4 .	-			M C	ATTENDING PHYS.	MED.	CTOP [STAFF PHYS.	5 Oct	tobe	r 19	966
	22c. PHYSICI	IAN'S			1 11.	191.0		SThe	Clir	ical Ce				
	NAME (Type) He	rhert.	E Ke	nn, Jr	MD	Institu							11
	DUDIAL CO.		DATE THER				OR CREMATORY							Ctate)
232	REMOVAL (S	pecify)		EUF						CATION (City, t				
	Cremat	ion Oct	7, 1	966		Hillc	rest Buri	al Pa	irk	Cumber	land,	Ma1	ута	na
24	. FUNERAL DIE			-	ADDRESS		25a.	REC'D E	BY RECIS	TRAR 25b. F	EGISTRAR'	'S SICN	ATURE	
	John T	Hafer	230	Ralto	Ave. (Cumber	land. Mari	OCT	10	1966	oclean	ele.	0	Lar

AI5 (4) M 1/65

one-TIL Smiletak ATTENDED and the baseline of the same o Adu elserigens cerit eligomose, casalino There of Lacking and the street process of the street Title-left Title-10-5324 The Clinical Course, actions, Sandard rolls ovidental a sequential a series and the second sequential as a second se Market N. Barbara The state of the s Control of the Contro The state of the s observed by the commence of th 100 CO 1 (Santan) 1 of 1 CO 100 and a second of the second sec

delivery on fraction of the father seemiles (which you are the mothers of

The second secon

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14290

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then, please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. at Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

CERTIFICATE OF DEATH

14289

	1. F	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where deceas	ed lived, if institut	ian: Residence	befare admis	ian)
1	C	o. COUNTY Mon	tgonery	7	MAR	RYLAND	o. STATE Mary	land	b. COUM	Mon'	tgone:	ry
	Ь	o. CITY OR TOWN (If autsid			c. LENGTH OF STAY		c. CITY OR TOWN (If au	tside carporo	te limits, write RUF	RAL ond give n	eorest town)	
		write RURAL and give n	earest town) r Snrir	000	-	100	Silv	er S	oring		15 -	/
	(. NAME OF HOSPITAL OR I	NSTITUTION (If no	t in haspital, g	give street address)		d. STREET ADDRESS				e. IS RES	IDENCE FARM?
0		8502	16th St		Secretary and Secretary		8502	16th	st.			NO 🝱
1		NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mant		,	ear
	(Type or print)	JOSE	Ev	LOG-10		HYALA	DEATH	10-			46
	S. S	SEX 6. COI	LOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	B. DAJE OF BIRTH	9	. AGE (In years last birthday)	Manths D	ays Haurs	ER 24 HRS.
		N	14	WIDOWED	DIVORC	ED 🔲	3-7-77		89 yrs.			
		USUAL OCCUPATION (Give king most of working life, eve			ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	0.41			EN OF WHAT	
		retir	ed rai	road	enginee	r			(/60		ME	XICO
	13.	FATHER'S NAME		1			14. MOTHER'S MAIDEN I					
	1	DIONIOS		7 7 7 7	- A		THOMASA		EREZ		~~~ /	1 100
	IS.	WAS DECEASED EVER IN U.S s, na, ar unknawn) (If yes g	. ARMED FORCES? sive war ar dotes a	f service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	10	Addre		502-1	
	,	no	no		none	40	ADDLURG F	1.500	ER (Dans	elder) S	ILUER	>१. धा
		1B. CAUSE OF DEATH (E PART I. DEATH WAS		se per line far	(a), (b), and (c).)	,	110	En	0 -	200	ONSET AND	
-			MMEDIATE CAUSE	(a)	Course	ste	re Heart	1-4	elleur.		Dar	13
		4200	DUE	10	Jaimed.	anh.	: Hoo. +	D'	00.0	100	. 00	0
		Canditians, if any, which	(0)	(b) (b)	recupred.	and the	c /yeers	1/4	120-22		Cheek	-
		stating the underlying (ouse DUE						0			
		last.)	(c)	TO OFITH BUT NOT BU	FLATED TO	TIPLE TERMINAL PROPERTY CON	UDITION CIVE	N IN DADT 3/-1		19. WAS AL	YZQOT
)	NO	A-		ONIRIBUTING		of the	PE					MED?
	EAT	Comer,		cerry				D 11 D	H 12 101		YES	NO [
	MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAU (IF EITHER, NOTIFY MEDICA	SE OF DEATH	205. 06	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Part I or Par	f II at item 18.)			
9	N N	20c. TIME OF INJURY Mo	onth, Day, Year		NJURY OCCURRED	20e. PLA	E OF INJURY (Hame, farm	n, 20f.	(City ar town)	(Cauni	ty)	(State)
	ME	p.m.	19	While at war		l	ary, street, office bldg., etc.)					
		21. I certify the	it (I) (th is hos	pifal) atten	ded the deceased	d fram_	1963 ,1		a 'oct	- , 1960	, that (I)	(we) last
			ed alive an_	10-	3-1966,	and tha	t death accurred at	dA.N	, fram causes			ed abave.
33		22a. SIGNATURE	. 7//	1 1-			ATTENDING	MED.	STAFF _	22b. DAT		1
	ď,	22c. PHYSICIAN'S	. 14.0	cercu		M.	22d. ADDRESS	DIRECTOR	I PHYS. L		5-6	6
		NAME (Type)	WIN !	4. A.	RDAM,	M.D	WA	SH.	D.C.	, 4.0		
	23a	BURIAL, CREMATION,	23b. DATE TH	REOF	23c. NAME OF CE	METERY OR	CREMATORY	23d. LC	CATION (City or To	wn) (0	aunty)	(State)
0		REMOVAL (Specify)	10-6	-66	Gate	of H	eaven		ilver S			
1	24	. FUNERAL DIRECTOR			ADDRESS	Wash		D BY REGISTE		GISTRAR'S SIG		
9	J	oseph Gaw	lers S	ons	5130 Wis	c Av	e NW DATE	UCT 7	1966	Och	1. 0	

#8311

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14291

CERTIFICATE OF DEATH

14290

		PLACE OF DEATH				here deceased lived, if institution: Reside	ence before odmission)
	0	COUNTY		MARYLAND	30. STATE	b. COUNTY	
		b. CITY DR TDWN (If outside corporate lim	its	c. LENGTH DF STAY IN 1b		tside corporote limits, write RURAL and gi	ive nearest town)
		write RURAL and give nearest fown)	,			1 1	na
	W.	heaton				Vashington,	I). C
-	G.	NAME OF HOSPITAL OR INSTITUTION (IF	not in hospitol, g	give street oddress)	d. STREET ADDRESS	4	e. IS RESIDENCE ON A FARM?
70	1	Sondelph Hills	NUR	Sing Home	3023 - 1	Street N. W.	YES NO
		NAME OF	First	Middle	Lost	4. DATE Month	Doy Year
6)	- {	OECEASED (Type or print) EThe	/	Maves	Baer	OF DEATH / D	4 1966
	S. S		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		R I YEAR IF UNDER 24 HRS.
		FW	WIDOWED	DIVORCED	4-17-18	87 79 birthdoy) Months	Doys Hours Min.
-	10o.	. USUAL OCCUPATION (Give kind of work don		ND OF BUSINESS OR			CITIZEN OF WHAT
	diffi	ng most of working life, even it retired)	- Inte	rior Dept.	Pennsyl	vania U	OUNTS? A.
		FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
		Alfred D. Baer			Annie E	• Johnson	A CANA
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES			INFORMANT	Address	
m	(Ye	s, no or unknown) (If we give wor or dotes	of service) 57	8-50-8172 N	liss Elizab	eth C.Baer-1348	Prichard S
		1B. CAUSE OF DEATH (Enter only one of	ouse per line for	(o), (b), ond (c).)	Pit	tsburg, Pa.	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	F(0) //2	cute mu	carded	Inferclasion	ONSET AND DEATH
150		. / =	E TO				
		Conditions, if ony, which gove	(b) 17 R	Terranol	maler He	Earl Desense	WRS.
-1		rise to immediate couse (o),	E TO				1
		stoting the underlying couse lost.	(c)				
		PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
0	TION	Diabetes me	MITUS	Checa	ic Connes	Tive HT. Failu	YES NO X
	FICA	20o. ACCIDENT WAS UNDERLYING		SCRIBE HOW INJURY OCCURRED			WE I TO THE
	L CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	200. 00	SCHOOL HOW HOOM! OCCURACE	. tens noise or may m		
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.			ACE OF INJURY (Home, form		ounty) (Stote)
	ME	p.m. 19	While of work		octory, street, office bldg., etc.)	,	
		21. I certify that (I) (this ha	spital) attend	ded the deceased fram_			66 that (I) (we) last
		saw the deceased alive an_	10/4	1966, and th	at death accurred at	12 My fram causes and an	the date stated abave.
78		220 SIGNATURE	-0	/-	ATTENDING (MED. STAFF 22b.	DATE SIGNED
		X aymond To	Der	all	M.D. PHYS.	DIRECTOR PHYS. 10	14/66
1		22c. PHYSICIAN'S NAME (Type)	1	0	22d. ADDRESS	11: -	, T
1		1/44716	nd /	DENIACKI	70 4115	Colie DRIVE, W	healon MI)
	230	BURIAL, CREMATION, 23b. DATE T REMOVAL (Specify)	HEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City or Town)	(County) (Stote)
		Removal 10/5/	66	Chartiers		Carnegie, Penr	
	24.	FUNERAL DIRECTOR	00.	ADDRESS	2So. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE Judge
	3	H Henos Co.	2901	-14 St.M.L	DATE (ICT 7 1966	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, cremation, or removal, and in any event, within 72 haurs after deapt. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

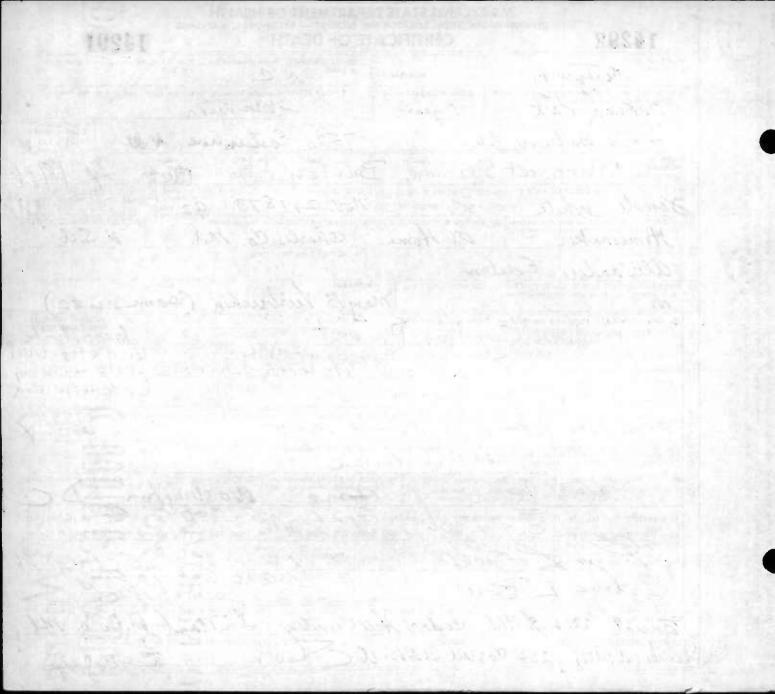
A . H. Ac descript Mr - ESOE . Ac. A. A. Comment wounded . deanwood Aller Stell L. Bertle branched duti-west, and wastig this sill-out-sill Test first They A BELLEVISION OF THE STATE OF T promise of the control of the contro Line then and the tree one to be the total total

TO HOSPITAL OF TO FUNERAL DI

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	3. NAME OF OFCEASED IN COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH S. DATE OF WHAT COUNTRY S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF WHAT COUNTRY S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF WHAT COUNTRY S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF WHAT COUNTRY S. DATE OF BIRTH S. DATE OF BIRTH				
1.	PLACE OF DEATH 6. COUNTY MARYLAND 7. COUNTY MARYLAND 8. COUNTY 9. COUNTY 9. ACE (in versus in the mode) 10. COUNTY 11. BIRTHPLACE (Sible or foreign county) 12. CITIZEN OF WATCOUNTRY 13. COUNTY 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. COUNTY 16. COUNTY 17. INFORMANT 18. COUNTY 19. COUNTY 19. COUNTY 10. COUNTY 10. COUNTY 11. BIRTHPLACE (Sible or foreign county) 12. CITIZEN OF WATCOUNTRY 13. COUNTY 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. COUNTY 16. COUNTY 17. INFORMANT 18. COUNTY 19. COUNTY 19. COUNTY 10. COUNTY 10. COUNTY 10. COUNTY 11. BIRTHPLACE (Sible or foreign county) 12. CITIZEN OF WATCOUNTRY 13. COUNTY 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. COUNTY 16. COUNTY 17. INFORMANT 18. COUNTY 19. COUNTY 19. COUNTY 19. COUNTY 19. COUNTY 10. COUNTY 10. COUNTY 10. COUNTY 10. COUNTY 10. COUNTY 10. COUNTY 11. BIRTHPLACE (Sible or foreign county) 12. CITIZEN OF WATCOUNTRY 13. CITIZEN OF WATCOUNTRY 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. COUNTY 16. COUNTY 17. INFORMANT 18. COUNTY 19.				
	RURAL and dive nearest town?	1	c. CITY OR TOWN (If outside corporo	te limits, write RURAL ond give nearest town)	
	or institution Ladar Haven	riest home	d. STREET ADDRESS 7538 Eastern	ON A FARM?	
3.	DECEASED	1	→ OF	Month Pay Year H	
_	Temale white widow	VED DIVORCED	nov. 2, 1873	9 2 yrs. Manths Doys Hours Min.	
	during most of working life, even if retired)	at Hime	STRY 11. BIRTHPLACE (State or foreign could be started to the start of	noty) 12. CITIZEN OF WHAT COUNTRY 12. S. C.,	
	alexander Edel	len	14. MOTHER'S MAIDEN NAME		
15. (Ye	s, no, or usknown] [If yes, give war or dates of service]	4.		(Dame as #2.)	
	PART I. DEATH WAS CAUSED BY:	at a firm a H	rest	ONSET AND DEATH	
	Conditions, if any, which) (b)	hronic Weneralized		erosis Unde termin	
	couse (o), stating the under-	erebro-scl	Profis	Undetermine	
CATION	T- 1 / (/	hip act	NOT RELATED TO THE TERMINAL DISEASE (PERFORMEDR	
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH	/		I of item 18.)	
MEDICAL	Hour o.m. A + 2 10/ Whil	e _ Not while for	ctory, street, office bldg., etc.)	sling for (County) D (Stote	
	78 - ×	ded the deceased fram.	11 110		
		200	ATTENDING MED	STAFF 22b. DATE SIGNE	
	22c. Privingian's NAME (Type)	all	22d. ADDRESS / 06 20	Georga aug	
23	-REMOVAL (Specify) 7 1 9 191	23c. NAME OF CEMETERY O	CEMETORY 23d. 10 ATIO	Cland on De Co. M1	
24		arrall StNW.	DATE OCT 1 0	AR 256. REGISTRAR'S SIGNATURE	



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14293

FOR STATE HEALTH

P.M.3. Page

delay is

in pencil in Item 18. Give Pages 1, 2, and 3 ta

This certificate should be executed within 24 haurs after death.

"pending"

s office along with farm

DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14292

	PLACE OF DEATH			here deceased lived, if institution	
	a. COUNTY Montamen	MARYLAND	o. STATE	b. COUNTY	montaner
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	de arparate limits, write RURA	L and give newest town)
	write RURAL and give nearest (wn)	Ulame	K	ockulles	16.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, or	give street address)	d. STREET ADDRESS	· Creace	e. IS RESIDENCE
6	Julipo	lane		Julipa	Same VES NO NO
	NAME OF DECEASED	Middle	Last	4. DATE Month	Day Year
	(Type or print) Allaca	H 10	andy	DEATH UCTO	
S.	SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED	B. DATE OF STRTH		Manths Days Hours Min.
100	. USUAL OCCUPATION (Give kind af wark dane 10b. KI	ND OF BUSINESS OR	11. BIRTHPLACE (State o	100	12. CITIZEN OF WHAT
He	ing most of working life, even if retired) and of Estimating Pept	Frinting Co	1/110	enca	COUNTRY?
	FATHER'S NAME	2	14. MOTHER'S MAIDEN NA		
	Emanuel E	andy	tal	, Wages	en
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURATY NO. 17. 1	NFORMANT	Address	Jame as about
(Ye	es, no, ar unknawn) (If yes give war ar dates af service) 57	8-22-7079	aux H. Bo	endy- Wile	/Item 2.
	1B. CAUSE OF DEATH (Enter only one cause per line for	(a), (b), and (c).)	. /	1 17	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	01017214.71	hrom bosin	5	SONSET AND DEATH
	4201 DUE TO				
	Canditions, if any, which gave rise to immediate cause (a),	ardio Vasc	vlar Di	Sease-	years
	stating the underlying couse DUE TO				
4	last. (c)				
NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
- 3	20g. EXTERNAL CAUSE WAS 20h DE	CONTRACTION INTERPREDICTION	(5.1		YES 🔀 NO 🗌
CERTIFICATION	PRIMARY ar CONTRIBUTING CAUSE OF DEATH.	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Po	irt I ar Part II of item 18.)	
MEDICAL	Haur a.m. While	Not While facto	CE OF INJURY (Hame, farm, ory, street, affice bldg., etc.)	20f. (City ar tawn)	(County) (State)
	p.m ui wui			1 1: 57 1 :	PO 1
	21. I certify that I taak charge of the ren	A	The second secon		y 🔀 , and in my opinion
	death resulted fram: Natural causes 🔀	, Accident , Suici	ide, Homicide	, Undetermined mar	nner
	ACTUAL Of h 1	3-00	CHIEF MEDICAL E		22. DATE SIGNED
	SIGNATURE		M.D. ASSISTANT MEDICAL	AL EXAMINER 10/	20/11
	PALE (Type) JOHN G. BAL	.I.			hesda. Md.
230	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Town	
Ι.	REMOVAL (Specify)	Parklawn Co		Montgomery	, _ , , , , ,
	I. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D		STRAR'S SIGNATURE
	DBERT A. PUMPHREY, Bet				21. 1 0

VR A15ME (5) 6M 1/66

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Lack with the State Department of Health ar its designated agent, prior ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner'

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

Saparal Street .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	14294	CERTIFICAT	E OF DEATH	1		1	491	13	
/1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDEN	CE (Where dec			esidence	before a	dmission)
	Monlysmery	MARYLAND	a. STATE		b. COU		1/200	en	
_	b. CITY OR TOWN (if outside corporate limits		c. CITY OR TOWN (If	outside corp	orate limits, w	nente	2.00	-	st town)
	Jakoma Park	1 month	Silver Si	pring			15	1	
	d. NAME OF HOSPITAL OR INSTITUTION (if no	t in hospital, give street address)	d. STREET ADDRESS	8214 (edar St	reet	8.	IS RES	SIDENCE
	Cedar Haven Res	- Home.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EXXXX	COXXX.		Y	ES 🗌	FARM?
3.	NAME OF DECEASED (Type or print) ARTHUR	Middle Back-	Last	4. DATE OF DEATH	Mont	h 	Day	Ye	11
5.	SEX 6. COLOR OR RACE 7. MAR	RIEO NEVER MARRIED	8. OATE OF BIRTH	19.	AGE (In years	LIFTINGER	1 VEAR		R 24 HRS
	MALE W WIDO	MEVER MARKIED	4/11/180	~	last birthday)	Months	Days	Hours	
10a		Ob. KINO OF BUSINESS OR	11. BIRTHPLACE (C	nunty & State.	or foreign countr	v) 12 CI	ITIZEN O	F WHA	1
dur	ing most of working life, even if retired)	INDUSTRY	New York		or topign count		UNTRY?		
13.			14. MOTHER'S MAIL						
9	jeorge Barker		Unknown						
	. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unkown) (If yes give war or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT		1240 ddre	Sowne	4 DA		
(,,	No None	2H-36-3193A	Joann B. Co.	mstock.	Wheato	n. Md	•	•	
	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).]	0		00		INTER	VAL BE	TWEEN
	PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	orgetive feart to	ulure In	lmono	y Eder	w	ONSE	I AITO	DEATH
	4221 DUE TO	26.0	Pr	ung	Ino	_	2	w	ups.
	Cenditions, If any, which) (b)	CCV7.		Uren	on In	fection	4		
	gave rise to immediate cause (a), stating the OUE TO	00/16.0			0	7	102		
-	underlying cause last. (c)	The age.							
101	PARTII. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL	DISEASECONE	ITION GIVEN IN	PART 1(a)		WAS AT	UTOPSY RMEO?
FICA	Carenomotos	1 -0111	state				YES		NO 🛛
CERTIFICATION	20a. ACCIOENT WAS UNDERLYING 20 OR CONTRIBUTING 2 CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	f injury in Pa	rt I or Part II (of item 18.	.)		
		Od. INJURY OCCURRED 120e. PLA	CE OF INITIRY (Home for	arm 20f (City or town)	(Cou	ntv)	- (State)
MEDICAL	Hour a.m.	While Not White m	ry, street, office bldg., e	tc.)	orty of tonny	(002	,	,	Diato,
×		t work at work	+31 :	0/1	190+ 11	2) 10/2	/ 11	1 (1) (
	21. I certify that (I) (this hospital) at saw the deceased alive on		death occurred at		Oct 10				
	22a. SIGNATURE	, 13 12 22, and that	death occurred av		in the causes	22b. 0/			above.
	Russell G. Bu	foling M.D	. PHYS.	MEO. DIRECTOR	STAFF PHYS.	Oct	10,	190	56
	22c. PHYSICIAN'S NAME (Type)	BUFALINO. M.D.	1429 W	nio.	Blod in	. 5	·S.	2	nd.
23a		23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City, t	own or cou	ınty)	(S	tate)
13	REMOVAL (Specify) Oct. 13. 19	166 Fort Lincoln	Cemeteru	Prin	ice Geor	ges Ci	0 /	Md.	
24	FUNERAL DIRECTOR	L ADDRESS	25a. RE	C'O BY REGIS	TRAR 25b. B	ECISTRAR'	SSIGNA	TURE	el
18	ohn B. Thomas Jokey	Silver Spring		1114	1966	() · · · ·	0	0	

VR AI5 (4) 20M I/65

Section of the second of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14295

	1300	CERTIFICATE	OF DEATH		14294
1.	PLACE OF DEATH a. COUNTY ONLY ONLY	MARYLAND	2. USUAL RESIDENCE (WI	b-cour	ian: Residence belare admission)
	b. CITY OR TOWN (If Sutside carparate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	side carparate limits, write RUF	(AL and give nearest tawn)
1. PLACI a. CO b. CIT J. A. NAM J. C. SEX 10a. USU/during months of the state last. 18. Cancer state last. PAR 18. Concerns state last. PAR 20a. USU/during months of the state last. PAR 20a. USU/during months of the state last. PAR 20a. USU/during months of the state last.	d. NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	t are	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) EUGENE First	(NMO) Middle BAR	NES COST	4. DATE Mant OF DEATH	
S.	SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	7-8-1896	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
100 du	a. USUAL OCCUPATION (Give kind al wark dane ring mast af warking/life, even if retired)	10b. KIND OF BUSINESS OR Asso Perpetual Bldg.,	11. BIRTHPLACE (County & Marylai	State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	Henry Barnes		14. MOTHER'S MAIDEN NA Cornelia Ma	rlow	
1S (Y	: WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, ar unknawn) (If yes give war ar dates af sen	vice) 218-20-1466 77	NFORMANT 716 Gir Pargaret L	Addressiones, we	8.5., Md.
	18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line far (a), (b), and (c).)	- 1 Cm	ngo	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause (c)	Cardine &	compen	Action	4.5 4
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	13 97 11	HE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Pa	art I ar Part II af item 18.)	
MEDICA	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m. 19		E OF INJURY (Hame, farm, ary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
	21. I certify that (I) (this haspita sow the deceosed alive on 32	l) attended the deceased fram	, 19 death occurred ot∠		ond on the date stoted obove
	22a. SIGNATURE Walliam	Thup M.D		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
		And	9006 Cole	esville Rd., S	S.S., Md.
23 L			metery	23d. LOCATION (City or Town	D. C.
C.	4. FUNERAL DIRECTOR Lark E. Wisor Clarke	Silver Spr	a Huel DCT	BY REGISTRAR 2Sb. RE	Clianles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Deat of Health prior to burial cremation or removal and many event within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4 20 M 1/66

1687

THE STATE OF THE S

All of the second of the secon

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15	1300	U						126	3.			
1. F	PLACE OF DEATH D. COUNTY MON'	rgomery	1	MARYLAND	2. USUAL RESIDENCE a. STATE MARYL	Where deceo	sed lived, if instituti b. COUN	an: Resider	GOME	e odmissio	n)	
b	write RURAL one	If autside carparote limits, I give neorest town)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o						1	
d		A. MARYLAND AL OR INSTITUTION (If not	t in hospitol, g	ive street address)	d. STREET ADDRESS	9911	el.		10 18	e. IS RESID	DENCE	
	RESMOR	SANITARIUM			5534 John	son Av	renue			YES X		
[NAME OF DECEASED (Type or print)	Firs William		Middle Be	lost arnett	4. DATE OF DEATH	Month		Doy 14		66	
S. S	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 85 yrs.			IF UNDER Months	Doys	IF UNDER Haurs	Min.	
duri	. USUAL OCCUPATION ng mast of working Pharmaci			ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (Count	oreign country)	12. CITIZEN OF WHAT COUNTRY?					
	FATHER'S NAME	John C.	Barne	14 MOTHER'S MAIDEN NAME					0.00,80			
IS. (Yes	WAS DECEASED EVE s, na Marknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dotes af	service) 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	Barne	tt. 5534	"John				
	PART 1. DEA 420 Canditions, if ony rise to immediat	e couse (o),	(b)	(o), (b), and (c).) Cardior	ascular	colo	Copse			ERVAL BET ISET AND D		
7	stoting the unde lost.	riying couse	(c)	O DEATH BUT NOT RELATED TO	Contraction of the TERMINAL DISEASE CO	Har	A Lesse EN IN PART 1(0)	ise	19.	WAS AUTO PERFORM		
CERTIFICATION	20o. ACCIDENT WA			SCRIBE HOW INJURY OCCURRED	2n. Fran D. (Enter nature of injury in	Port I or Por	rt II of item 1B.)	t yp	Y		NO D	
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		7//	9							
MEDICAL	20c. TIME OF INJI Haur o.r p.r	10	20d. IN While of wark	Nat While of	ACE OF INJURY (Hame, for octory, street, affice bldg., etc		(City or town)	(Co	ounty)	(Stote)	
		fy that (I) (this hasp eceased alive an	oital) attend	ded the deceased fram_ , and th	mat death accurred a	1955	M, from causes	and an I		hat (I) (te stated		
	22a. SIGNATURE	Charle	1	waren	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. [DATE SIGN	(ED)	-	
	22c. PHYSICIAN'S NAME (Type		Maria se	the file	22d. ADDRESS	RECK	VICCE,	MD	/	,		
230. Bu	BURIAL, CREMATIC	23b. DATE THE		23c. NAME OF CEMETERY O ParkLawn	R CREMATORY		CATION (City or Tox	vn) M	(County on te) (s S, M	tate)	
24.	FUNERAL DIRECTO	Ernest C.	ar tre	r Jackers	Let 250. REC	CT 1	RAR 25b. RE	GISTRAR'S	SIGNATU	Jud	ge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and 2 should be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

THE RESERVE OF THE PERSON OF T ATTEMPT STATE STATE Patrova marmot PECK Al line Danie | Dinie | Dinie

after deoth. Page 4 the funeral director, should be filed with TO HOSPITAL OP TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurmay be retain the hospital or attending physician.

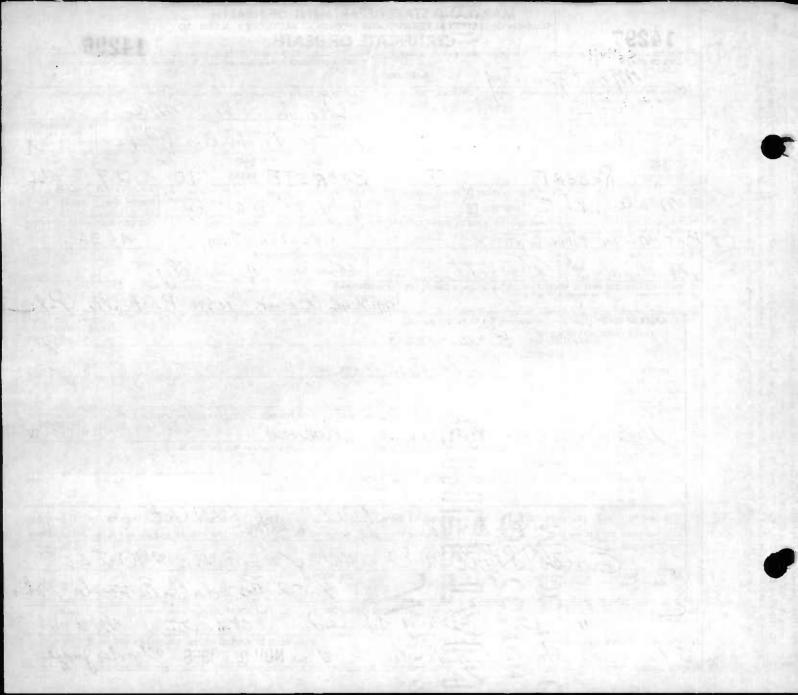
TO FUNERAL D OR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 onto the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs ofter death.

VR A15 (4) 15M 9/59

MARYLAND	STATE	DEPARTMENT	OF HEALTH
DIVISION OF STATISTICAL I			

RYLAND CEDTIEIC ATE OF DEATH

	14297	DIVISION OF		ND RECORDS — BALTIMORE 1 TE OF DEATH	, MARYLAND	14296		
1. [LACE OF DEATH	ont gomen	MARYLAND	2. USUAL RESIDENCE (Where decea o. STATE	sed lived. If institution: b. COUNTY	Residence befare admission)		
t	RURAL and give ne	f autside corporate timits, write arest tawn) VIILE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)				
10	OR INSTITUTION		ark Apts.	d. STREET ADDRESS 10 500 Rock	ville F.	e. IS RESIDENCE ON A FARM? YES NO		
	NAME OF DECEASED (Type or print)	POBERT	Middle	BARRETT 4. DATE OF DEAT	4	2 9 19 66		
5. 9	Male	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH The July 20 1902		UNDER 1 YEAR IF UNDER 24 HRS. Aanths Days Haurs Min.		
100	during mast of wark	ON (Give kind of work dane 10b ing life, even if retired) , C. Falle Pept	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar foreign	ton	12. CITIZEN OF WHAT COUNTRY? M. SA.		
13.	William	J. Barr	ett	14. MOTHER'S MAIDEN NAME Suscer C.	Drell 1			
		R IN U. S. ARMED FORCES? 16 If yes, give war or dates of service)	SOCIAL SECURITY NO. 17. IF	ildred Barrix.	10500 Ro	chille Pake		
		mmediate (DUSTO	neumonia	lacia		interval Between onset and Death		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCURNT WAS UNDERLYING 200. ACCURRENT WAS UNDERLYING 200. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCURRED. (Enter nature of injury in Part I or Part III of item 18.)						I IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 18		
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	Y Manth, Day, Year 20d. While at we	Nat while fa	ACE OF INJURY (Hame, farm, 20f. (Carry, street, affice bldg., etc.)	lity ar tawn)	(Caunty) (State)		
	21. I certify tho saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	ed alive on 2800	ded the deceased from 1966 and that of the second secon	6:200m	m the couses and	on the dote stated obove. 90ct 66 Bettlesda Md,		
	REMOVAL (Specify)	11-3-66-	23c. NAME OF CEMETERY O	Le coven :	CATION (City, town, or o	md.		
24.	Phomas	S SIGNATURE B. Hanlon	ADDRESS H148 Wisc	Cue 1 W DATE NOV 3	1956 P	Charles Judge		



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

M)	1429	8		CERTIFIC	CATE O	F DEATH			1429	17	`
	PLACE OF DEATH O. COUNTY Montgomery Maryland				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE b. COUNTY Marvland St Marvs						
ours afte	b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn)			c. LENGTH OF STAY IN 9das		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonard town					2
12 July 26	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) U. S. Naval Hospital			d.	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?				ESIDENCE A FARM? NO 🗔		
it, with	3. NAME OF DECEASED (Type or print)	Virginia Virginia	st	Middle May		Lost Barsosky	4. DATE OF DEATH	Mont Octob	th	Day 5	Year 19 66
ny ever	s. sex Female	6. COLOR OR RACE Caucasian	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		TE OF BIRTH ebruary 1		AGE (In years last birthday) 22 yrs.	Manths D	EAR IF UN Doys Hou	DER 24 HRS. rs Min.
and in a	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11	11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? New York USA						
meval,	13. FATHER'S NAME Joseph Tokos 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.					Mother's Maiden Mary Ki					
n, or re	1S. WAS DECEASED F (Yes, no, or unknown No		ohn Barsosky Brento Apts Leonardtown Md								
should be filed with the State Dept. at Health priar to burial, crematian, or hemoval, and in any event, within 72 hours after dealth	Conditions, if or rise to immedistoring the unclose.	by, which gave of couse (o), lerlying couse	(c) Irre (b) Open (c) Cong	versible Sl Heart Surg enital Hear	gery rt Dis			0	sis	INTERVAL ONSET AN	D DEATH
Health pri	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH					THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (Enter nature of injury in Port I or Port II of item 1B.)					
ite Dept. af	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. 19 While at work at work for the decrease of the second of the secon							(City ar town)	· (Caunt	у)	(Stote)
the Sta	21. I certify that (1) (this haspital) attended the deceased fram 26 Sept , 1966, ta 5 Oct , 1966, that (1) (we) last saw the deceased glive an 50ct , 1966, and that death accurred at 9:10PM, fram causes and an the date stated above										
led with	220. SIGNATURE M.D. ATTENDING MED. STAFF 22b. DATE SIGNED ATTENDING DIRECTOR PHYS.										
ld be fi	NAME (Typ	D. H. GA		DR, MC, US		U. S. Na					
shou	23a. BURIAL, CREMAT REMOVAL (Speci Burial 24. FUNERAL DIREC	fy) Oct 10),1966	St. Micha				ATION (City or Town	wn) (C	ounty)	(Stote)
(4) 66		wler, 5130	Wiscons		sh. D		CT 10		Mar		100

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

The same of 4 2 50 2 Market In Man of the Contract of CHARLES THE THE PARTY OF THE PA

FOR STATE HEALTH DEPT.

File pages 1 and 2 with the State Department and in any event within 72 hours after death.

permit. F

used as a burial-transit to burial, cremation, or

TO FUNERAL DIRECTOR: Page 3 should be of Health or its designated agent, prior

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14299 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14998

1	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R	esidence before admission)
	Montgomery MARYLAND	a. STATE Maryland b. COUNTY Mont	90 MC14
	b. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town)	c. CITY DR TOWN (If outside corporete limits, write RURAL	
	GINEY /2 ourp.	Unity Rt. #1 Brook	enlle
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
9	Mont. Gan, Hospital	15-1	YES ND
3	DECEASED	Last 4. DATE Month	Day Year
	(Type or print) + ANNIE C, BZ	=ALL DEATH OCT.	15 1966
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER last birthdey) Months I	Days Hours Min.
	WIDOWED DIVORCED	NOV. 12, 1877 88 yrs.	Days Hours Mill.
11 d	Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even liftetired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. C	TIZEN OF WHAT
1	H. Wife	1 I/Inois	OSA
4,1	3) FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Jeremiah Cantrall	Henriella, Down	9
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	Same as
Ĺ	No M	rs. Edna Charlton	2
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	2	INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: 11 PROPERTY.	Phenninia-	3 days.
4	1040 DUE TO	1 9 7	72 dans
	conditions, if any, which gave rise to immediate (b)	- help -	12013
	cause (e), stating the DUE TO	rterro Selerosis	
,	underlying cause lest.) (c) Cerusalized F		119. WAS AUTDPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	(TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
25	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Pert II of Item 18.	YES NO
FRT	PRIMARY OF CONTRIBUTING TO TAKE OF DEATH.	- de luik	
		CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL	Hour a.m. 6 2 // While Not While facto	ry, street, office bldg., etc.)	ont. Mel
2			01112
	21. I certify that I took charge of the remains described above, he		and in my opinion
	death resulted from: Natural causes , Accident Sui	icide, Homicide, Undetermined manner	
	ACTUAL OF S. B. S.	ACCIOTANT MEDICAL EVALUATED	22. DATE SIGNED
	SIGNATURE JOHN . 13	_M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10/15	1,
2	EXAMINER'S NAME (Type) John G. Ball	Address (Street, city, town, or county)	700
2.	30 RUPLAL CREMATION L 23h DATE THEREOF 23c NAME OF CEMETERY		inty) (State)
	Burial (Specify) 10-18-66 Mt. Carmel	Sunshine Mont.	Md.
1	24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
	Francis H. Barber Laytonsville, Md.	DATE OCT 18 1966 gclia	res Judge

VR AISME (5) 1/65 5M

TO DEPUTY MED

O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay ecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

Ifan .O adol '

Frincis de corter de Consville, ad.

10-1 - A . (2 rel

one comments

VR A15 (4) 15M 4-64

Rockville, Md.

25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 1966

e. IS RESIDENCE ON A FARM? NO

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

NO T

(State)

(State)

YES V

(County)

22b. DATE SIGNED

12. CITIZEN OF WHAT

Months

Tilver apting, reviling - delivibes mestans at 150 150 in and the line of the state of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death. and PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Montgomery a. STATE Maryland b. county Montgomery Pages 1 urs after the MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) by write RURAL and give nearest town)
Rockville oon papers. Pag within 72 hours hours Rockville _ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Potomac Valley Nursing Home 814 Viers Mill Road within letely carbon NAME DE DECEASED First Middle Last DATE Month LUCY BELT M. DEATH Oct. 13,1966 comple (Type or print) executed 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED remove and Female White WIDOWED . 1887 May 9 = Then please re 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even If retired) 11. BIRTHPLACE (County & State, or foreign country) 1Db. KIND OF BUSINESS OR ease Housewife Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward L. Heim Malinda Kemp 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT atten transit permit. (Yes, no, prunkown) (If yes give war or dates of service) 814 Viers Mill Road death Wm. Stacy Belt Rockville, Maryland CAUSE DF DEATH [Enter only one cause per line The law requires that the n signed by burial-transit burial, crema PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) Conditions, If any, which been gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health certificate 0 PHYSICIAN: After this certif be detached for State Dept. of H 2Da. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. After While Not While 19 at work at work FUNERAL DIRECTOR: Af director, page 3 should the Should be filed with the S 21. I certify that (!) (this hospital) attended the deceased from and that death occurred a 225 M, from the causes and on the date stated above. saw the deceased alive one PHYS. M.D. DIRECTOR PHYS. HOSPITAL PHYSICIAN'S director, p ADDRESS NAME (Type) Rockville. Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2 REMOVAL (Specify) 1966 Burial Forest Oak Cemetery Gaithersburg, Maryland

VR A15 (4)

24. FUNERAL DIRECTOR

Tyson Wheeler

25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE Rockville, Maryland

e. IS RESIDENCE ON A FARM?

Year

19

NTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO T

(State)

(State)

PERFORMED?

YES

(County)

22b. DATE SIGNED

12. CITIZEN OF WHAT

U.S.A.

COUNTRY?

NO X

danie dista

elia mo.

sie. . i hyri

French and Line Print

allivipon

Hotorus veiley Furain, Home 814 Viers will-road

Oct. 13,1966

hay 9, 1087 __ 79 y -_ hay

Harviend B.S.A.

malinds reco

Do. I. in story 41

578-10-50998 M. - new delt seckwille, eryland

The state of the s

The state of the s

victinii for m. C. hall

durial Cot. 15, 1965 lorest Cak Jemetery Calthersburg, Margland

one System self-Evaluation

Tysen heeler lockville Pike

Sockville, Leryland

6M 1/66

have been produced as the state of the state

and of the second of the second

Market Street Commencer and the Commencer and

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14303		CERTIFICATE	OF DEATH		14302
1. PLACE OF DEATH o. COUNTY	ontgomery	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution b. COUNT	
b. CITY DR TDWN (write RURAL one	If outside corporate limits, d give negrest town)	c. LENGTH OF STAY IN 16	0.1	tside corporote limits, write RURA	AL and give nearest town)
	AL OR INSTITUTION (If not in h		d. STREET ADDRESS	o III	e. IS RESIDENCE ON A FARM?
3. NAME OF	gton Sanita	Middle	1710 -C	Cemmon wealth 4. DATE Month	Doy Year
DECEASED (Type or print)	Brund	Gordano 6	Benvenuti	OF DEATH	t 4 1966
S. SEX			DATE OF BIRTH	lost birthdoy)	Months Doys Hours Min.
10o. USUAL OCCUPATION during most of working	N (Give kind of work done	10b. KIND OF BUSINESS OR INDUSTRY		8. Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk -	Us duard + hot		I Taly 14. MOTHER'S MAIDEN	N AME	american
Dominic			Josephine	Salaters	
	R IN U.S. ARMED FORCES? (If yes give wor or dotes of serv		NFORMANT ' ina Benvenu	1710 C. Address	
IB. CAUSE OF DI PART I. DEA	EATH (Enter only one couse per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).)	nelline	wa	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony	DUE TO (b)	Costmet	Tran ,	Backerial	days
stating the unde	rlying couse DUE TO	Brondes	genic	Carcina	neonth.
PART II. OTHER SI	GNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJU Hour a.i	10		E OF INJURY (Home, forn ory, street, office bldg., etc.		(County) (Stote)
	ify that (I) (this hospital eceased ative an	attended the deceased from		M, fram causes o	, 19 <u>6 (</u> thot (I) (we) lo and on the date stated abov
22o. SIGNATURE	Selice	the Cruze M.D	111131	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type		1	22d. ADDRESS		
230. BURIAL, CREMATIC BREMOVAL (Specify	10-7-	66 23. NAME OF CEMETERY OR C	12	23d. LOCATION (City or Tow Alexan	dria, Va
24. FUNERAL DIRECTO	rheatley Fu	C, Ever LADORESS neral firme - Cles	. Va. DATE O	D BY REGISTRAR 25b. REG	Clarles Judge
	U			4	// //

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remayer, and in any event, within 72 haurs after deaths. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

,	FOR STATE		14304	MEDICAL EXAMINER'S	CERTIFICATE OF	DEATH	14303
	HEALTH DEPT.	1,	PLACE OF DEATH			nere deceased lived, if institution	
	is de	V	on tomering	MARYLAND	nandard	D. COUN	semeny.
	delay is ond 3 to M3. Poge rtment of er death.	-	b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (If outs	ide corporate limits, write RUR	AL and give nearest town)
	2, and 3 to PM3. Page portment of ofter death.	11	Write RURAL and give nearest town)	DOA @1052	bethend.	7)	15:1
۱	2 d o	T'	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RE
	h. If Jes 1 form form form hours	2	Suburban Hospit	n/	9014 ChAR	ered Oak D	P. YES
	hours ofter death. If ony delay is Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page ond 2 with the State Deportment of event within 72 hours ofter death.		NAME OF First DECEASED (Type or print)	Stephen - B	ERKMAN	4. DATE Month OF DEATH	Doy 1
	ofter 8. Giv along with t	S.	SEX 6. COLOR DR RACE 7.	. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	IF UNDER I YEAR IF UND Months Doys Hours
	tem liffice ond 2	10-	USUAL OCCUPATION (Give kind of work done	WIDOWED DIVORCED 10b. KIND OF BUSINESS OR	6-15-34 11. BIRTHPLACE (State of	32 yrs.	12. CITIZEN OF WHAT
	24 hours of in Item 18.	dur	ing most of working life, even if retired)	NOUSTRY Resheares	45 77		COUNTRY?
		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	executed within inding" in pencil Medical Examine t permit. File page emovol, and in o		MUTIL BET	Known .	Mari	on. Smit	·
	od v IES		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) ((If yes give wor or dates of se	16. SOCIAL SECURITY NO. 17.	INFORMANT Fath	er Addres	
	executed nding" ii Medical permit.	110	No _ No -	Unknown M	urray Berkm	an Same a	as Item 2.
	certificate should be execute writing the word "pending" orwarded to the Chief Medical used os o burial-tronsit permit.		18. CAUSE OF DEATH (Enter only one couse		020/0	200	INTERVAL 8
	should be e ne word "per to the Chief ! burial-tronsit mation, or re		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	Imperies , mu	this le lastru	olyly dulon	200 ONSET AND
	ould vord ne C al-tr		S/X4 DUE TO				
	she vo the votable		Conditions, if ony, which gove (b), rise to immediate couse (o),				
	ate g th ed t		stating the underlying couse DUE TO				
	tifiic ard ard o os ial,		PART II. OTHER SIGNIFICANT CONDITIONS CONT	TRIDITIAN TO DEATH BUT BUT BUT ATEN TO	THE TERMINAL DISEASE COND	ITION CIVEN IN DARK IV-)	I 10 MAS AT
	INER: This certificate should be executed within e certificote, writing the word "pending" in penci should be forwarded to the Chief Medical Examinfiles. 3 should be used os o burial-tronsit permit. File paint, prior ta burial, cremation, or removol, and in	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	KIBUTING TO DEATH BUT NOT KELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AU PERFOR YES
	fico fico l be ld b	RTIFI(20o. EXTERNAL CAUSE WAS	20b. DESCRIBE HOW INJURY OCCURRED.	_ ,		
	pleose execute the certificate, pleose execute the certificate, all director. Page 4 should be for retained for your files. L DIRECTOR: Page 3 should be its designated agent, prior ta	(E)	PRIMARY DO OF CONTRIBUTING COLORS OF DEATH.	Kan down bank		y into Patho	f Auto.
	AIN he sh	MEDICAL	20c. TIME OF INJURY Month, Doy, Year		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County)
	XAN te t ye 4 your	×	10 30 p.m. 10 7 1966	ot work of work	[dh Wall	Bethesa	a Mont-
	AL EXA execute or. Page d for you TOR: Page gnoted or		21. I certify that I taak charge a	of the remains described above, he	eld an Autapsy 🔀,	Inspection 🔀, Inqui	iry 🔀, and in my
	ging Gentler expenses		death resulted fram: Natural c	auses 🔲, Accident 💢, Suid	cide 🔲, Hamicide [, Undetermined mo	inner 🗌
•	MEDICA pleose e director retained DIRECT		ACTUAL O 0	P 18	CHIEF MEDICAL EX		00 DAY
	Y N N plo		SIGNATURE): / Lak(M.D. ASSISTANT MEDICA	AL EXAMINER [22. DAT
	no DEPUTY MEDICAL EXAMINER: This certifican necessary, please execute the certificate, writing the funeral director. Page 4 should be forwarder 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as Health or its designated agent, prior to burial, and the statement of t		EXAMINER'S NAME (Type)			EXAMINER	18/66.
	O DI nece the 5 mc	230	BURIAL, CREMATION, 23b. DATE THEREC		CREMATORY	23d. LOCATION (City or Tow	rn) (County)
	7 3 2 -		REMBUINTED 10/9/6	6 Wellwood	Cem.	Pinelawn.	New York

Robert A. Pumphrey, Bethesda, Md.

ADDRESS

ined manner 22. DATE SIGNED ity or Town) (County) (Stote) Pinelawn, New York 2So. REC'D BY REGISTRAR

institution: Residence before odmission)

e. IS RESIDENCE ON A FARM? YES NO

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN
ONSET AND DEATH

19. WAS AUTDPSY PERFORMED?
YES NO

and in my apinian

(Stote)

VR A15ME (5) 6M 1/66

24. FUNERAL DIRECTOR

C-016

The street of the second state of the second s

21 752/1-/

	17.20
.m.	1430

CERTIFICATE OF DEATH

14304

-11		13000		11007					
	(COUNTY NONTOOMERY MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: o. STATE b. CDUNTY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
Ä	1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) CIV 6. 30AS	c. CITY DR TDWN (If outside corporate limits, write RURAL of SICVER SPRINGER)						
		I. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS Ave.	e. IS RESIDENCE					
)		HOLY CROSS HOSPITAL.	8001 EASTERN X	YES NO YES					
	-	NAME OF First Middle DECEASED Type or print) MICHAEL F BI	ANCHINI DEATH OCT	Doy Year 23 19 6 6					
	S. SEX Oale 6. COLDR DR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH JAN 7, 1898 9. AGE (In yeors lost birthdoy) Months Months								
	duri	USUAL DCCUPATION (Give kind of work done no most of working life, even it retired) 10b. KIND DF BUSINESS DR CHURCH Maintenan	11. BIRTHPLACE (County & Stote, or foreign country) Biglot TAL	12. CITIZEN DE WHAT CDUNTRY? USA.					
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	-	Joseph Bianchini	Unknown						
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANY 1/25. Anna Catino Agroli Silv	Eastern Ave. er Spring, Md.					
		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Intracerebral h	emorrhage, right parietal	INTERVAL BETWEEN ONSET AND DEATH					
		Conditions, if ony, which gove) DUE TD Lobe							
		rise to immediate cause (a), stating the underlying cause lost. DUE TO (c) Hypertensive ca	rdiovascular disease						
2	ATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES ND					
Ì	CERTIFICATION	200. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Port I or Port II of item 1B.)						
	MEDICAL		CE DF INJURY (Home, form, Ory, street, office bldg., etc.)	(County) (Stote)					
		21. I certify that (I) (this hospital) attended the deceased fram_sow the deceased alive on OCT 232 1966, and that	t death occurred of 800 M, from causes and	, 19 <u>66</u> , that (I) (we) las on the dote stoted obove					
		220. SIGNATURE Labert Karner M.	D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 10-23-66					
		221. PHYSICIANY ROBERT KRAMER	22d. ADDRESS 8484 1645	T. 85 Nd.					
	Bi	BURIAL (REMATIDN, REMDVAL (Specify) Oct. 26, 1966 St. Peter's	Cemetery Mt. Carnel, P.	(County) (Stote) ennsylvania					
		FUNERAL DIRECTOR ark E Wish 84345 Georgi	a Hue.	RAR'S SIGNATURE					
	OUR MATTER SETS		A A CONTRACTOR OF THE CONTRACT						

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fuperal director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages I and 3 shauld be filed with the State Dept. at Health prior to burial, cremation, or removal, and in any event, within 72 hours after death: TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

The State of the same of the s

De West Street Still and a Still and the second of the sec

Picking Terrenters Sie in. ESTATION OF THE STATE OF THE ST Introduction of the section of the configuration CHREST IN HORN LL THE HER DESTRUCTION

The second of the second of the

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14306

CERTIFICATE OF DEATH

14305

/		11000				
		PLACE OF DEATH	/		Where deceased lived, if institution	
	C	o. COUNTY MONT GOME	MARYLAND	O. STATE MAR	VIANO 6. COUNTY	MOETRIMERY
	b	b. CITY OR TOWN (If autside carparate limits,	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If of	utside carparate limits, write RURA	L and give nearest tawn)
		write RURAL and give nearest town	25 places	RET 4E	SOH	151
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp		d. STREET ADDRESS	× OI'	I e. IS RESIDENCE
68		HOLY CROSS HOS	SPITAL	19909 I	NG LE MERE	DR YES NO NO
		NAME OF First	Middle	Lost	4. DATE Month	Day Year
	(OFCEASED (Type or print) LEANORR	M	Biciocchi	OF DEATH 10	27 19 66
30	S. S	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH		Months Doys Hours Min.
	Anna	EMALE WHITE WIDO		9/1/26	40 yrs.	
		. USUAL OCCUPATION (Give kind of work done 1 ng most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	doni	Secretary	INDUSTRI	LTAL	Y	U. S.
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
		Louis Lanuti		Loui	sa Lupini	
	IS.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT HIT	sand Address	
	(Ye:	s, no, or unknown) (If yes give wor or dotes of service)	M		ciocchi Same	as Item 2.
		18. CAUSE OF DEATH (Enter only one cause per lin	ne far (a), (b), and (c).)	Fa 1/11/	1 -	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	RESPIRATORY	FAILUR	26	ONSET AND DEATH
		/70 X DUE TO	0 0 0 1	MITACTA	C -1	, 10
80		Conditions, if ony, which gove rise to immediate cause (a), (b)	LEREBRAL	1961123/14	, 67	1 7 1/12
		stating the underlying cause DUE TO	ARCINOMA	AF RRI	5457	3.4RS
		last. (c)	ARCHVOMA	01 910		3 , 1 ,
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
0	AT	NONE				YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 2	05. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
	ER.	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
184	MEDICAL	20c. TIME OF INJURY Month, Day, Year		LACE OF INJURY (Home, form		(County) (Stote)
	MED	Haur o.m.	While Nat While of wark at work	actory, street, office bldg., etc.	.)	
		21. Legrtify that (I) (this haspital)	attended the deceased fram	DEC 15.	1965, to OCT 27	, 1966, that (I) (we) last
		sow the deceased alive on	, 26 1966, and th	nat death accurred at	17 ZaA M, fram causes a	nd an the date stated above.
		22a SIGNATURE	A 10 10 10 10 10 10 10 10 10 10 10 10 10	ATTENDING	MED. STAFF	22b. DATE SIGNED
		- Mones Tole	Johnson	M.D. PHYS.	DIRECTOR PHYS.	DCT 27, 1966
,		22c. PHYSICIAN'S THOMAS F	. G'CONNORA	22d. ADDRESS 8218	WISCONSIN AS	NE, BETHESDA, MO
/	230	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or Town	n) (County) (State)
	200	REMOVAL (Specify) Burial 10-31-66				. Virginia
	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'	D BY REGISTRAR 2Sb. REGI	ISTRAR'S SIGNATURE
		ROBERT A. PUMPHREY,	Bethesda, Ma			Charles Judge
			/	A I DAIL IS		Y 0 0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in day event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

A THE STATE OF Mariativ remarking a med work detail fold There is -0.1 17 The Color of a 2001 of the part beautypast a Capture . Vall Prove the Tail 600 FOR STATE HEALTH DEN

delay is

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in percl. in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examinars Office along with farm PM3. Page

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

	14307		MEDICAL EXAM	MINER'S	CERTIFICATE	OF DEATH		14306
1.	PLACE OF DEATH					(Where deceosed lived,		e before odmission)
	MONTGO!	neRu	,	MARYLAND	O. STATE	hand M	10ntgeme	44
	b. CITY UR TUYON (It of	utside corpérate limits,	c. LENGTH OF ST		c. CITY OR TOWN (IF	outside corporote limits,	write RURAL ond give	neo est town)
	write RURAL ond gi	PARK	D.O.	A.	Ciliana	Caria	11	-/
_		OR INSTITUTION (If not in ho			d. STREET ADDRESS	Spring		e. IS RESIDENCE
1	· lack Lak		A		306 Sto.	in to	P. 1	ON A FARM? YES NO
3	NAME OF	on SanitAn	Middle	17/11	Lost	1. DATE	Month	Doy Year
J.	DECEASED	Hall's	71 /	B	11	OF AT	1-4-0	0 1966
5.	(Type or print) SEX 6.	COLOR OR RACE 7 MA	RRIED NEVER MAR	DDIED D	A DATE OF BIRTH	9. AGE (In	tober /	
-/	2	12 1			n .	last bir	thdoy) Months	Doys Hours Min.
→-	emale v	0/11/	OWED DIVO			· · //////////////////////////////////	yrs.	IZEN OF WHAT
	 USUAL OCCUPATION (Giring most of working life, 	even if retired)	UNDUSTRY,	K	11. BIRTHPLACE (Sto	0		JNTRY?
	ocoopythosy	and Housewife	Own Home		GRanville		V.C.	4.5.A.
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	the		
	James	S. Jone			PXXXXX	Coza		
	. WAS DECEASED EVER IN	U.S. ARMED FORCES? yes give war or dotes of service	16. SOCIAL SECURITY N	0. 17.	NFORMANT		Address 306 .	Stonington Re
(,	NO	None	246-38-53	87 50	n-James	E. Blalo	cK- S.	s. md.
	18. CAUSE OF DEATI	(Enter only one couse per	line for (o), (b), ond (c).)					INTERVAL BETWEEN
	PART I. DEATH V	WAS CAUSED BY: IMMEDIATE CAUSE (o)	Acute inte	stinal	obstruct	ion due to		ONSET AND DEATH
	261.1	DUE TO						
	Conditions, if ony, wh		strangulat	ed ris	ht femora	l hernia		
	rise to immediate co stating the underlying				11			
	lost.	(c)						
-	PART II. OTHER SIGNI	FICANT CONDITIONS CONTRIBI	UTING TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEASE C	ONDITION GIVEN IN PAR	[](0)	19. WAS AUTOPSY
4TIO								PERFORMED? YES NO
TFEG	20o. EXTERNAL CAUSE		20b. DESCRIBE HOW INJUR	Y OCCURRED.	(Enter noture of injury in	n Port I or Port II of iter	n 18.)	_
ER.	PRIMARY or CONTR CAUSE OF DEATH.	IBUTING 🗆						
MEDICAL CERTIFICATION	20c. TIME OF INJURY	Month, Doy, Year	20d INJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fo	rm, 20f. (City or	town) (Cou	nty) (Stote)
SW C	Hour o.m.	19	While of work Not While of work	foct	ory, street, office bldg., et	c.)		
	p.m.	hot took charge of tl		Phone he	ld an Autanau	Increasion 15	Inquient 1	and in my aninian
	deoth resulted	//	_ /	/.	· can	, Inspection ,	Inquiry ,	ond in my opinion
	deom resulted	Notific cons	ses 12, Accident		ide, Homicid		ined manner [
	ACTUAL	Voller.	10/10	ah		EDICAL EXAMINER		22. DATE SIGNED
	SIGNATURE	Secreta	11500 6	Harris .	M.D. ASSISTANT M		10-X	1011
	EXAMINER'S NAME (Type) B	elden R. Reap	The second of th	Md		et, city, town or county	001.1.	1,1966
23	o. BURIAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF	CEMETERY OR		23d. LOCATION (C		(County) (Stote)
	REMOVAL (Specify)		1966 Parkla				le, Marylo	
2	A FLINERAL DIRECTOR	0 0.10	ADDRESS		- 1 250 RF	C'D BY REGISTRAR	2Sb. REGISTBAR'S SI	
(Glen (a)		8434	"	ia Ave.			
We	arner (Pi	unhrey Inc.	Sile	er Sni	ina Marie	· · · ·		

VR A15ME (5)

The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATE		14308		MED	ICAL EXAM	NER'S	CERTIFICAT	E OF DEAT	'H	1430	7
EALTH	DEPT		PLACE OF DEATH					CTATE		ed lived, if institution		e admission)
lay is 13 to Page	o €		Montgome	ery		MA	RYLAND	Ma	ryland	D. COOK!	Montgo	mery
63 43 . P.	death,		o. CITY OR TOWN (If outs	ide carparate limit	s,	c. LENGTH OF STA		c. CITY OR TOWN	(If autside carpara	te limits, write RURA	L and give neares	it tawn)
y del , and PM3.	partm after		write RURAL and give	nearest town)		→ D	OA	Ge	rmantown		1 /	C - 1
5 6	af	\vdash	I. NAME OF HOSPITAL OR	INSTITUTION (If no	at in haspital, g	ive street address)		d. STREET ADDRE	SS		T	e. IS RESIDENCE
es 1, farm	ate Department haurs after dea		Montgome	ery Gener	ral Hos	pital (DO	(A)	Во	x 176, RI	TD #1		ON A FARM? YES NO
atter death. I 8. Give Pages alang with far	72		NAME OF DECEASED Type or print)	Edward	rst	Middle Waters		lost Blunt	4. DATE OF DEATH	Month	Day	Year 19 66
Give	with the within 7	Š.		OLOR OR RACE	7. MARRIED		ED 🗔	B. DATE OF BIRTH		. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
g g	2 wi		Male V	Mhite	WIDOWED	DIVOR	l-rand	10/23/20	9 01	last birthday) yrs.	Months Days	Haurs Min.
4 haurs I Item 1 s Office	e pages land 2 d in any event	10a dur	USUAL OCCUPATION (Give na most of working life, ev Salesman	kind af wark dane en if retired)	INI	ND OF BUSINESS OR DUSTRY ican Sale	e Co	11. BIRTHPLACE	(State or fareign co	iuntrγ)	12. CITIZEN OF COUNTRY?	
il ir	ges	13.	FATHER'S NAME		Parica	Todii bare	,5 00.	14. MOTHER'S MA			1 UaDaH	•
within 24 n pencil in Examiner's	le pa		Samuel Blur	n+				X0X(X0X 2 /20)	50.55.00	XXX Eman	da Water	cs
EXCE		15.	WAS DECEASED EVER IN U.	S. ARMED FORCES?	16.5	OCIAL SECURITY NO.	17.	INFORMANT		U.	son-in-	
executed inding" ir Medical I		(Y∈	s, na, ar unknown) (If yes	give war ar dotes o	of service)	5-24-0012		John A M	cGrath 1	18820 N.H.	Avo Ac	Law hton Mo
xec Idin	Decod with the same of the sam		1B. CAUSE OF DEATH (Enter anly one car			7	OIHI A. PI	curatii, .	10020 11.11.		ERVAL BETWEEN
pe inef	a burial-transit per crematian, ar remo		PART I. DEATH WA	S CAUSED BY: IMMEDIATE CAUSE DUE	(o) (l)	cute (or	enary	Insi	Africa		SET AND DEATH
ertiticate shauld writing the ward rwarded ta the CP	rial		Conditions, if ony, which	gave)	(b) (D)	ingere	16	lent 1	Leart	- Deser	200	
e sl the ta	a bu remo		rise to immediate caus stoting the underlying	, ,, / DITE	TO			1				
s certificate e, writing t farwarded	as a I, cr		last.	(dose	(c)	0		V				
certificat writing rwarded	used as burial,	-,-	PART II. OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(a)	19.	WAS AUTOPSY
	be us	ATIO		-							Y	PERFORMED?
certificate, auld be fa		CERTIFICATION	20a. EXTERNAL CAUSE W PRIMARY ☐ or CONTRIBU CAUSE OF DEATH.		20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter nature of inj	ury in Part I or Par	t II af item 18.)		
the 4 sh	yaur files. Page 3 should d agent, priar	MEDICAL	20c. TIME OF INJURY M Haur a.m.	anth, Day, Year	20d. IN While at wark	JURY OCCURRED Nat While at wark		CE OF INJURY (Ham tory, street, affice bld		(City or town)	(County)	(State)
cute	Pa sed		21. I certify the				hove he	ald an Autaney	, înspecti	an K. Inquir	y D and	in my opinio
of X	ned far ye ECTOR: Pa ssignated		death resulted for		al causes					ndetermined mai		in my opinio
			dealli lesulled i	100	II (duses	L. Jacobill L			EDICAL EXAMINER		inei	
mer please direct	etained DIRECT Is design		ACTUAL	eldon	10	lours	2		IT MEDICAL EXAMIN	ER 🗍		22. DATE SIGNED
necessary, in funeral	may be retain FUNERAL DIRE lealth ar its des		EXAMINER'S RAME (Type) BE	LDEN	R	ROA	D 10	IVI.D.	MODICAL EXMINER	or county) Och	4,23,0	1966
nece:	5 may O FUNE Health	230	BURIAL, CREMATION,	23b. DATE THI	EREOF	23c. NAME OF C	MELERY OR	CREMATORY	23d. LO	CATION (City or Town	(County	(Stote)
2 = = :	いるまり		REMOVAL (Specify)	10-25	5-66	/ Gosh	en			hen. Mont	,	and
	an	24	FUNERAL DIRECTOR			ADDRESS			. REC'D BY REGISTR	AR 2Sb. REGI	STRAR'S SIGNATUR	PF.
VR ć	A15ME (5)		Francis H.	Barber	Layto	nsville,	Md.	DAT	E QCT 2 S	1966	Charles	Judge

X. 01 04

Jan Person A.A. A. A.A.

SIO - S- I

easen, rank lasgians

the fair Manaday a change of the fact.

nense li od-ja-la

Div

MARYLAND STATE DEPARTMENT OF HEALTH										
vision of STATISTICAL	. RESEARCH AND	RECORDS, 301	W. PRESTON STRE	ET, BALTIMORE,	MARYLAND	21201				

	14309	CERTIFICATE	OF DEATH		14308
	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceosed lived, if institution b. COUNTY	
	MONT GOMERY	MARYLAND	MARYL	AND	MON COMERY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autsi	de corparote limits, write RURAL	L ond give nearest town)
	SILVER SPRING	17DA95	SILVER	SpRING-	15.1
(d. NAME OF HOSPITAL OR INSTITUTION (If not in h	hospitol, give street oddress)	d. STREET ADDRESS	1	e. IS RESIDÊNCE ON A FARM?
	HOLY CROSS HOSE	TAL	SILVIN		E YES NO
	NAME OF First DECEASED	Middle	0 1	4. DATE Month	Doy Year
5.	(Type or print) SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH		6 1966 IF UNDER 1 YEAR IF UNDER 24 HRS.
	- 1	IDOWED DIVORCED	4/20/01	lost birthdoy)	Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County &		12. CITIZEN OF WHAT
duri	ing most of working life, even if retired)	PRIVATE SCAPUC	MASSO		COUNTRY? USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME D 11	
	JOHN J. CLEY	rey	KLIZAGET		ELROY
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dates of serv		HORMANT C. BONSE	34-827 Richters	NO AVE. SIL SPME
	1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	er line for (o), (b), and (ct.)	mas		INTERVAL BETWEEN
	IMMEDIATE CAUSE (o)	1131000 Va	mo c		5/1165
	Conditions, if ony, which gove) DUE TO				
	rise to immediate couse (a),				
	stoting the underlying couse (c)				
VION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Po	rt I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital saw the deceased alive on	1) ottended the deceased fram	19/50, 19	66, ta 10/6 145 PM, fram causes ar	, 19_66 that (I) (we) last nd an the date stated above.
	220 SIGNATURE Mei	udelsetu M.	ATTENDING - N	MED. STAFF IRECTOR PHYS.	22b. DATE SIGNED / 0/6/1966
	22c. PHYSICIAN'S NAME (Type) ROBERT	A. MENDELSOHN	22d. ADDRESS 10155PR	iNG 57 Sic	ven Spring MD.
230	BURIAL, CREMATION, 23b. DATE THEREOF	11 1 1 1 1	CREMATORY Coyerony	23d. LOCATION (City or Town	n) (County) (Stote)
24	FUNERAL DIRECTOR	ADDRESS	250. REC'D		STRAR'S SIGNATURE
6	U.W. CHAMBERS, IN	UC. SILVER DERING	DATE OC	T 10 19\$6 20	Charles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and lampletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66

THE REAL PROPERTY OF THE PROPE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14309

14310

CERTIFICATE OF DEATH

		a. COUNTY					2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE b. COUNTY				
			gomery Cou	ntv	MARYLAND		vland	b. coom	Montgo	mery	
Ī		b. CITY OR TOWN	If outside corporate limi		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporot	e limits, write RURA	L ond give neor	est town)	
		write RURAL on	d give neorest town)	Lney	4days	Rockvi	lle		15.	7/	
		d. NAME OF HOSPIT	TAL OR INSTITUTION (If n	ot in hospital	l, give street oddress)	d. STREET ADDRES	_			e. IS RESIDENCE ON A FARM?	
9		Montgome	ry Gene ra	L Hosp	ital	Boswell	Lane (10700)		YES NO IN	
		NAME OF DECEASED (Type or print)		irst	Middle Charles	lost B oswell	4. DATE OF DEATH	Month	30	1966	
	S. :	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9.		IF UNDER 1 YEAR		
		M	W	WIDOWE	D DIVORCED	5-17-77		89 yrs.	Months Doys		
			N (Give kind of work done		KIND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or for	eign countrγ)	12. CITIZEN (COUNTRY		
	duri	etired f	life, even if retired)		Farming	Marri	land		COUNTRI	U.S.	
1		FATHER'S NAME	ed mor		1 001 111112	14. MOTHER'S MA					
		Charles	Boswell			Marv	Wilbur				
1			ER IN U.S. ARMED FORCES		6. SOCIAL SECURITY NO.	17. INFORMANT		Address			
	,		(If yes give wor or dotes	of service)	218-24-0444	Bessie E.	Boswell	- wife	- same	Item #2	
-	-	No	CATIL (F.)			200010 24	-00:022			NTERVAL BETWEEN	
		18. CAUSE OF D	EATH (Enter only one co TH WAS CAUSED BY:				-			NSET AND DEATH	
		4201	IMMEDIATE CAUSE	(0)	ulemmary	edelug	, acarly			/ pr.	
		7221		10		,					
	ы	Conditions, if ony		(b)	ngestuy 1	least for	yuce			6 dags	
	Н	rise to immedio stoting the unde	re couse (o),	TO						0	
		last.)	(c) A	tussalesote	& cardio à	rsever	Jesens	<	10 202	
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)						19	9. WAS AUTOPSY			
2	NO									PERFORMED? YES NO K	
	3	DO- ACCIDENT WA	AC HAIDEDI VIAIC ET	Look	DESCRIPE HOW INTERV OCCUR	OFO (Enter nature of inju	on in Part 1 or Part	Il of item ID \		113 🔲 🗥 🔼	
	CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING GC CAUSE OF DEATH MEDICAL EXAMINER)	200.	DESCRIBE HOW INJURY OCCUR	KED. (Enter noture of inju	ny in Port i or Port	ii of ilem 15.)			
\exists	3		URY Month, Doy, Yeor	20d	. INJURY OCCURRED 20e.	PLACE OF INJURY (Home	e, form. 20f.	(City or town)	(County)	(Stote)	
	MEDICAL	Hour o.	m.	Wh	nile Not While	foctory, street, office bldg					
			m. 19		vork L of work L	20/21	10 / / *	10/20	10//	that //\ /wa\ la	
			i ry that (i) (this ha leceased alive an_	10/2	ended the deceased fram	that death accurre	d at /3.75 AM	, fram causes a	nd an the de	ate stated abave	
		220. SIGNATURE							22b. DATE SIG		
			40 (Dm	main	\	M.D. PHYS.	MED. DIRECTOR	STAFF PHYS.			
П		22c. PHYSICIAN		1	Y	22d. ADDRES	S				
		NAME (Type	ADIL	BONI	FANT	SdA	25 Sp.	riter, 1	7 d		
ı	230	. BURIAL CREMATI	ON. 23b. DATE TH	IEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LO	CATION (City or Tow	n) (Coun	ty) (Stote)	
		REMOVAL (Specifor		66	St/ Mary's			ille, Ma			
1	24	. FUNERAL DIRECTO	nR .		ADDRESS	250.	REC'D BY REGISTR		ISTRAR'S SIGNAT		
1		yson Wh		31 Ro	ck. Pike, Ro	.71	NOV 2		Charle		
00		U		-		Ι Ι)ΔΙ	F INTING	LOTTED A	- The	7	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then bease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

12/15/1 116310 - 01

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

b. COUNTY.

e. IS RESIDENCE ON A FARM?

YES NO

14311 CERTIFICATE OF DEATH be executed within 24 hours after deoth. ond deoth 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 1. PLACE OF DEATH kion and completely filled in by'the funeral leose remove corbon popers. Poges I ond and in ony event, within 72 hours after deot o. COUNTY MARYLAND b. CITY OR TOWN (If outside exporate limits, write RURAL and give, negrest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neatest town) d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Hospital 3. NAME OF Lost 4. DATE DECEASED (Type or print) 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired INDUSTRY The low requires that the death certificate 13. FATHER'S NAM signed by the attending physi burial-transit permit. Then pl burial, cremation, or removol, attending phys IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 may be retoined by the hospital or attending physicion. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, Hour o.m. Not While foctory, street, office bldg., etc.) ot work of work

be detoched for use as the Stote Dept. of Health prior ta TO FUNERAL DIRECTOR: After this certificate

VR A15 (4) 20 M 1/66

OF DEATH 9. AGE (In years lost birthdoy) Months 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? L. Gollar Husband Same as Item 2. William Y.Brady, Jr. INTERVAL BETWEEN ONSET, AND DEATH 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (City or town) (County) (Stote) 22, 19 66, ta . 19 66 that (I) (we) last 21. I certify that (1) (his bospital) attended the deceased fram. 5 1966, and that death accurred at 1/ AM, fram causes and an the date stated above. saw the deceased glive 22o. SIGNATUR 22b. DATE SIGNED ATTENDING STAFF M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIANS NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) Burial (Specify) Rock Creek Cemetery Washington. 10-10-66 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR Miarley ROBERT A. PUMPHREY, Bethesda, Maryland DATE OCT

165 Senial an acut hamilton an little awaren. osa y f fil a bratus, asataal, a sukken . a sistem MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEPTIFICATE OF DEATH

	14312	CERTIFICAT	E OF DEATH	143	312
	1. PLACE OF DEATH o. COUNTY	ally MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived, if institution: Residence	befare admission)
	b. CITY OR TOWN (If autside carpore wife RUPAL and give neares to	all ITday	Takan	corporate limits, write RURAL and give	M & 15.1
2	clar Havey	ON Monat in haspital, give stroet address)	d. STREET ADDRESS 72/6	Africe Ceal	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	lip Edward B	riscoe 0	DATE Month DEATH	Day Year 1966
	s. shale whi	WIDOWED DIVORCED	B. PARE OF BIRTH	os birthday) Months I	YEAR IF UNDER 24 HRS. Doys Haurs Min.
No.	10o. USUAL OCCUPATION (Give kind of wo during most of working life, even if retired		11. BRETHILACE (County & Stote	e, or foreign couptry) 12. (1717)	NTRY?
	13. FATHERS WAME	Briscol	14-MOTHER'S MAJOEN NAME	ia Humph	ily
	Vs. WAS DECEASED EVER IN U.S. ARMED F Yes, no, or unknawn) (If yes give war a		Information & helip &	Bruscoefr Tak	Struce levy
	PART I. DEATH WAS CAUSED	ane cause per line for (a), (b), and (c).) BY: E CAUSE (a)	E Preumonie	2	INTERVAL BETWEEN ONSET AND PEATH
9	Conditions, if any, which gave rise ta immediate cause (a),	(b) Clark Cyo	letes.		+
	stating the underlying cause last.	(c) Gen Certeeras	Elecont Seve	re Varocular Ro	ase Month
2	PART II. OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	N GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED? YES NO
	NOTIFY MEDICAL EXAMINI). (Enter nature of injury in Port I	or Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Hour o.m. p.m.		LACE OF INJURY (Home, farm, octory, street, affice bldg., etc.)	20f. (City or town) (Coun	(State)
	saw the deceased alive	nis haspital) atterded/the deseased fram_ on1%0, and th	at death accurred of 2	M, from couses and on the	
	2200 SIGNATURE	, , , , ,	M.D. PHYS. MED. DIRECT	TOR PHYS. 22b. DAT	ESIGNED 166
1	22c. PHYSICIAN'S NAME (Type) On W.N.		103737702006	n 19 Selver Sprin	g med
	Cremation 10-	DATE THEREOF 23c. NAME OF CEMETERY O 8-66 Lee's Cre	matory	Washington, D.	
	24. FUNERAL DIRECTOR	ADDRESS M. 200 444 St. U.E. A	2Sa. REC'D BY R		

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death

SOUTH THE VIEW COMMENT OF THE PROPERTY OF THE

1 1 2 4 E

, 5						
		3 . 3				
				Later Control		
	n heiter in					
	361			THE STATE OF		
	ASSESSMENT ASSESSMENT	The state of the s		25 6		
					- United	
				*		
	OR THE STATE OF					
				7 3/4 1-4		
				1 1000		
	uta anda			Y 1000		
			AZODI S'NG			

	14313		CERTIFICA	TE OF DEATH		14313
0.	LACE OF DEATH COUNTY Montgo		MARYLAND	O. SIATE District	of Col. COUN	
	German	l give nearest tawn)	c. LENGTH OF STAY IN 1b	Washingt	e carparate limits, write RUR ON	AL and give nearest fawn) 473
d.		ander Hurs	n haspital, give street address) ing Home	d. STREET ADDRESS 2721 Ord	way St. N.	W e. IS RESIDENCE ON A FARM? YES NO
D	AME OF ECEASED (ype or print)	Mary	Middle	Brooke 4.	DATE Month OF Oct.	
S. SE	emale	6. COLOR OR RACE 7	7. MARRIED NEVER MARRIED WIDOWED NOT DIVORCED	B. DATE OF BIRTH 6-5-1886	9. AGE (In years last eighthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Manths Days Hours Min.
10a. I durin	USUAL OCCUPATION g most of working House	(Give kind of work dane life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & St Virginia		12. CITIZEN OF WHAT
13.	FATHER'S NAME	e Wilson		14. MOTHER'S MAIDEN NAM Helen Vi	rginia Smi	th
(Yes,	, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war ar dates of s	ervice)	Herbert Broo	oke- See	Item No. 2
	4221 Canditians, if any, rise to immediat stating the under last.	e cause (a),		occarmi va	Denou - Nuss	asl poset mo beaths.
ERTIFICATION	20a. ACCIDENT WA'	S UNDERLYING CAUSE OF DEATH	TRIBUTING TO DEATH BUT NOT RELATED T 205. DESCRIBE HOW INJURY OCCURRE			19. WAS AUTOPSY PERFORMED? YES NO
# 1	-	10		PLACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City or lown)	(Caunty) (State)
	saw the de	fy that (I) (this hospi eceased olive on	tal) attended the deceased from 0/26 1965, and t		5, to 6 3 1 12 M, from couses of	nd on the dote stated abay
		mes P. 1	err		D. STAFF RECTOR PHYS.	22b. DATE SIGNED /66
	22c. PHYSICIAN'S NAME (Type)		s P. Kerr	22d. ADDRESS 2661 Ri	dge Road,	Damascus, Md.
230.	BURIAL (REMATIC REMOVAL (Specify	23b. DATE THERE			23d. LOCATION (City or Tov	
24. ²	Joseph 30 Wis	R	ADDDECC	25a. REC'D BY	Warrenton REGISTRAR 256. REG V 3 1966	gistrar's signature

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. Poge 4 may be retained by the hospital or ottending physician. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

81621 for in doing a comment . He to the part of the same o Control of the second s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14314 CERTIFICATE OF DEATH and funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY after Montgomer MARYLAND Mon by the fi b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) write RURAL and give negrest town) dayo papers. thin 72 ha campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO X 7002 Avenue Wes 3. NAME OF carban 4 DATE * Middle Lost Month Year DECEASED Rhodes Henr Brown 1966 DEATH (Type or print S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remave last birthday) Manths WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign country) 12. CITIZEN OF WHAT 2 please during most of warking life even if retired) INDUSTRY COUNTRY? rsician ond Governmen Michigan USP 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ches Brown Harriet WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit (Yes)na, ar unknawn) (If yes give war or dotes of service) 10 22-1076-A Arm. crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED BY NSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO as the stating the underlying couse has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS)
PERFORMED? CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Manth. Day, Year (City or town) (County) factory, street, affice blda., etc.) Haur a.m. While Nat While 19 at work at wark pe 21. I certify that (I) (this haspital) attended the deceased fram. shauld and that death accurred at M, fram couses and an the date stated above. saw the deceased alive an_ 22o. SIGNATU 22b. DATE SIGNED STAFF 3 M.D. DIRECTOR PHYS. directar, page shauld be filed 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMELERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town (Stote) (County) 24. FUNERAL DIRECTOR REGISTRAR 25b. REGISTRAR'S SIGNATURE

law requires that the death certificate be executed within 24 hours after death. attending physician. be retained by the hospital ar Page 4 may

VR A15 (4) 20 M 1/66

Trans.

. 11841

Service and the service of the servi

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1431	5		CERTIF	ICATE	OF DEATH			1431	5	
1. PLACE OF DEATH o. COUNTY MC	NTGOMERY		MADV	YLAND	2. USUAL RESIDENCE (W		d lived, if institution b. COUNT			N.
b. CITY OR TOWN	(If outside corparate limit and give nearest town)	rs,	c. LENGTH OF STAY I		c. CITY OR TOWN (If aut					1
d. NAME OF HOSE	PITAL OR INSTITUTION (IF IN		give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM YES NO	1?
3. NAME OF DECEASED (Type or print)		irst	Middle RUSSELLE		Lost BURDETTE	4. DATE OF DEATH	193 Month OCTOBER	D D D D D D D D D D D D D D D D D D D		
S. SEX	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED	D 8	. DATE OF BIRTH 3/12/05		lost birthday)	Manths Days		HRS. Min.
10a. USUAL OCCUPATI during most of working CARPEN	ON (Give kind of wark done ng life, even if retired) ITER	10b. KI	ND OF BUSINESS OR DUSTRY -EMPLOYED		11. BIRTHPLACE (County) MARYLAND	& Stote, or fore	,	12. CITIZEN COUNTRY		
	BURDETTE VER IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN N		Address			
NO 1B. CAUSE OF	(If yes give war ar dates DEATH (Enter only one car EATH WAS CAUSED BY: IMMEDIATE CAUSE	use per line far	1		nomatose		2 10		RYLAND NTERVAL BETWEE DNSET AND DEAT	
Conditions, if or rise to immedi stating the unlast.	ny, which gave at a cause (a).	(b) 10 (c)								
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT REL	ATED TO TI	HE TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(a)	11	9. WAS AUTOPS! PERFORMED? YES NO	y Z
OR CONTRIBUTION	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY O	CCURRED. (Enter nature of injury in F	Port I or Port	II of item 18.)			
20c. TIME OF II	NJURY Month, Doy, Yeor a.m. p.m. 19	20d. If While at war			E OF INJURY (Home, form rry, street, affice bldg., etc.)	, 20f.	(City or town)	(County)	(Stot	te)
saw the	tify that (I) (this ha deceased alive an_	spital) atten	ded the deceased 9 1966,	fram_ and that	death accurred and	9 66 to M	fram causes a	nd an the d	ate stated a) la: ibavi
22c. PHYSICIAL	Trederice	h	hooma	M.D	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG	31-6	6
NAME (Ty	Pe) FREDERIC		23c. NAME OF CEM	ETERY OR (MEDICAL (SANDY S			
230. BURIAL, CREMA	ify) 11/3/	166		wn	Methodist	H	rattstown	n Mont	tg. M	id.
24. FUNERAL DIRECT			, Marylan		DATE N	BY REGISTRA	1966	Charles Clarke	Judge	2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours after dealth. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death? Page 4 may be retained by the hospital or ottending physician.

> VR A15 (4) 20 M 1/66

4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		NASO TO SU		
				W-III TAT
		1	2771 15	The second
	and the same	. 17	MILE HALL	
		,		100-12
		4 01 W		27Nov 24A
			101 -111	
		2 (214)		
HERMIT, TANK			505-10-105	
				ten II (T) for all and
	THE REAL PROPERTY.			
W the W		Part Page	and the second	1 or facourty 12 Mary 1
Collon II-DO			A CONTRACT OF THE PARTY OF THE	

A THE PARTY OF THE

Description of the same of the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1431	6		CERTII	FICATE	OF DEATH				16
. PLACE OF DEATH					2. USUAL RESIDENCE (W	Vhere deceosed			ore odmission)
o. COUNTY	Montgomer	У	MAR	YLAND	o. STATE Maryl	and	b. COUN	Montgo	merv
b. CITY OR TOWN	(If outside corporate limit	S,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If out				
write RURAL a	nd give negrest town) Ter Spring		100000		Chevy	Chas	6		15-1
	TITAL OR INSTITUTION (If no		give street address)		d. STREET ADDRESS	01100	0		e. IS RESIDENCE
Retheads	a Silver S	nring	Murging	Home	4701	Willa	rd Ave		ON A FARM? YES NO TO
NAME OF		rst TIIE	Middle	- Onion	lost	4. DATE	Month		y Year
DECEASED (Type or print)	Dwigh	+	Nutting 1	Runni	3.0m	OF DEATH	Oct.	23.	1966
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE		. DATE OF BIRTH	9. A	GE (In veors		IF UNDER 24 HRS
male	white	WIDOWED	DIVORCE		1/23/1885		ost_birthdoy) 81 yrs.	Months Doys	Hours Min.
	ON (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County 8			12. CITIZEN	DE WHAT
uring most of working	ig life, even if reticed)		IDUSTRY					COLINTRY	
ACC 3. FATHER'S NAME	duntant		Priva	ate	14. MOTHER'S MAIDEN N		ebrask	a U.S	• A •
	5								
	ver R. Bur					LettNu			
	VER IN U.S. ARMED FORCES?) [(If yes give wor or dotes or		SOCIAL SECURITY NO.		FORMANT		44740		
No				A.	deMouy Sp	oottsw	ood Ch	evy Ch	ase, Md.
PART I. DE 42 (Conditions, if or	DUE	(o) ART	CBIOSCL		14 Gener	37/3		- 1	NTERVAL BETWEEN DNSET AND DEATH STEEDS
PART I. DE ## 2 Conditions, if or rise to immediate unclust.	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TY, which gove of a couse (o),	(o) ART TO (b) CER TO (c) ASY	CBRAL HD Z H	HRT SAR	eribsch	126 126 126	\$	- 1	HERRE HERRE HERRE HERRE HERRE HERRE HERRE HERRE HERRE
PART I. DE ## 2 Conditions, if or rise to immediate unclust.	ATH WAS CAUSED BY: IMMEDIATE CAUSE O DUE Ty, which gave offe couse (o), derlying couse DUE	(o) ART TO (b) CER TO (c) ASY	CBRAL HD Z H	HRT SAR	eribsch	126 126 126	\$	7	STAR DEATH
PART I. DE ## 2 0 Conditions, if or rise to immedistoring the unclust. PART II. OTHER 200. ACCIDENT W OR CONTRIBUTING (IFFITHER NOTIFE)	ATH WAS CAUSED BY: IMMEDIATE CAUSE O DUE Ty, which gave offe couse (o), derlying couse DUE	(c) ART TO (b) CER TO (c) ASY	AD Z HO TO DEATH BUT NOT RE	ART CARCO TO THE	eribsch	RASI	N PART 1(o)	7	NSET AND DEATH STERRE TERRE WAS AUTOPSY PERFORMED?
PART I. DE ## 2 Conditions, if or rise to immedistoting the unclust. PART II. OTHER 200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTING INCLUSION) 200. TIME OF IN-Hour Control of the c	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE IV, which gove of couse (o), derlying couse SIGNIFICANT CONDITIONS COUSE OF DEATH TY MEDICAL EXAMINER) JURY Month, Day, Yeor	(o) ART 10 (b) CER 10 (c) AS1 CONTRIBUTING 205. DE	TO DEATH BUT NOT RESCRIBE HOW INJURY OCCURRED	CCURRED. (I	ERIDSCLE FRILL HE TERMINAL DISEASE CON	DITION GIVEN I	N PART 1(o)	7	NSET AND DEATH STERRE TERRE WAS AUTOPSY PERFORMED?
PART I. DE ## 2 Conditions, if or rise to immedistoting the unclost. PART II. OTHER 200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFIED THE CONTRIBUTION CONTR	ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO DU	(c) ARY (b) CER (c) ASY CONTRIBUTING 20b. DE 20d. II While of wor	TO DEATH BUT NOT REI ESCRIBE HOW INJURY OF THE INJURY OCCURRED NURY OCCURRED of work of the Injury of the Injury occurred of the Injury of the Injury of the Injury occurred occurred of the Injury occurred occur	DCCURRED. (I	HE TERMINAL DISEASE CON Enter noture of injury in F E OF INJURY (Home, form ry, street, office bldg., etc.)	Port I or Port II	N PART 1(o) of item 18.) City or town)	(County)	NSET AND DEATH YERROR WAS AUTOPSY PERFORMED? YES NO
PART I. DE ## 2 Conditions, if or rise to immedistoting the unclast. PART II. OTHER 200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFE) 201. I cer	ATH WAS CAUSED BY: IMMEDIATE CAUSE IMMEDIATE CAUSE INV, which gave tote couse (o), derlying couse SIGNIFICANT CONDITIONS CO AS UNDERLYING IG IG IG IG IG IG IG	(c) ARY (b) CER (c) ASY CONTRIBUTING 20b. DE 20d. II While of wor	TO DEATH BUT NOT REI ESCRIBE HOW INJURY OF THE INJURY OCCURRED NURY OCCURRED of work of the Injury of the Injury occurred of the Injury of the Injury of the Injury occurred occurred of the Injury occurred occur	DCCURRED. (I	HE TERMINAL DISEASE CON Enter noture of injury in F E OF INJURY (Home, form, ry, street, office bldg., etc.) death accurred at	Port I or Port II	N PART 1(o) of item 18.) City or town)	(County)	NSET AND DEATH YEAR 9. WAS AUTOPSY PERFORMED? YES NO (Stote) that (I) (we) lade stated above SNED
PART I. DE ## 2 Conditions, if or rise to immedistoting the unclust. PART II. OTHER 200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTH Mour Control of the saw the	AST UNDERLYING CAUSE OF DEATH AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) JURY Month, Day, Yeor Jury Month, Day, Yeor Jury Month, It (1) (this had deceased alive an area.	(c) ART TO (b) CER TO (c) ASS TO	TO DEATH BUT NOT REI ESCRIBE HOW INJURY OF THE INJURY OCCURRED NURY OCCURRED of work of the Injury of the Injury occurred of the Injury of the Injury of the Injury occurred occurred of the Injury occurred occur	DCCURRED. (I	HE TERMINAL DISEASE CON Enter noture of injury in F E OF INJURY (Home, form, ry, street, office bldg., etc.) death accurred at	Port I or Port II , 20f. (0	N PART 1(o) of item 18.) City or town)	(County)	NSET AND DEATH YEAR 9. WAS AUTOPSY PERFORMED? YES NO (Stote) that (I) (we) lade stated above SNED
PART I. DE 4 2 Conditions, if or rise to immedistoring the unclust. PART II. OTHER 20c. ACCIDENT WOOR CONTRIBUTING (IF EITHER, NOTH Hour Casaw the 22c. SIGNATUR 22c. PHYSICIAN NAME (Ty) 23c. BURIAL, CREMA	ATH WAS CAUSED BY: IMMEDIATE CAUSE O DUE INV, which gove ofte couse (o), derlying couse SIGNIFICANT CONDITIONS CO VAS UNDERLYING IG CAUSE OF DEATH LY MEDICAL EXAMINER) JULY Month, Day, Yeor D.m. 19 tify that (I) (this had deceased alive an	(c) ARY 10 (b) CER 10 (c) ASY CONTRIBUTING 20b. DE 20d. II While of two spital) atten	TO DEATH BUT NOT RESCRIBE HOW INJURY OF NOT While of work of the deceased of t	DCCURRED. (I	HE TERMINAL DISEASE CON Enter noture of injury in F E OF INJURY (Home, form ry, street, office bldg., etc.) death accurred at: ATTENDING PHYS. 22d. APPRESS	Port I or Port II 20f. (i MED. DIRECTOR	N PART 1(o) of item 18.) City or town)	(County) , 19 and an the di 22b. DATE SIG	P. WAS AUTOPSY PERFORMED? (Stote) that (I) (we) loate stated above SNED
PART I. DE ### 2 Conditions, if or rise to immedistoring the unclost. PART II. OTHER 200. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFIED THE CONTRIBUTION CON	ATH WAS CAUSED BY: IMMEDIATE CAUSE O DUE To	(c) ARY 10 (b) CER 10 (c) ASY CONTRIBUTING 20b. DE 20d. II While of two spital) atten	TO DEATH BUT NOT REI ESCRIBE HOW INJURY OF THE INJURY OCCURRED TO the Injury of the I	DCCURRED. (I) 20e. PLACI focto I fram 14 and that	HE TERMINAL DISEASE CON Enter noture of injury in F E OF INJURY (Home, form ry, street, office bldg., etc.) death accurred at: ATTENDING PHYS. 22d. APPRESS	Port I or Port II 20f. (6 3 P. M., 1 MED. DIRECTOR 23d. LOCA	N PART 1(o) of item 18.) City or town) STAFF PHYS.	(County) and an the di 22b. DATE Sid	P. WAS AUTOPSY PERFORMED? (Stote) that (I) (we) loate stated above SNED

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit—then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health priar ta burial, crematian, breen you, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20 M 1/66

rely to the release the relation of the relati the result well appeared that expension all the the contract of the second sec 4 4 4 4 4 230 4 7 JAN 37 Y SOUTH THATH STHERS

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				7	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.	Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral	r, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2	l be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after death: 🥠	
PI	E	ERA	Jr. F	d be	
105	le 4	S	ecto	Sul	
HO	Pag	H C	dire	sho	
I		2			

VR A15 (4) . 20 M 1/66

	14317		CERTIFICATE	OF DEATH	14	317
	PLACE OF DEATH				Where deceased lived, if institution: R	tesidence before odmission)
1	. COUNTY	a me a V	MARYLAND	O. STATE	b. COUNTY	tGOM ERV
		If outside corporate limits,	c. LENGTH OF STAY IN 16		utside carporate limits, write RURAL a	
	write RURAL and	give nearest (awn)	13000	0+		16-1
		es al A	2 days	1010mAI	7	e. IS RESIDENCE
1	. NAME OF HOSPII	AL OR INSTITUTION (If not in I	naspiral, give street address) /	d. STREET ADDRESS		ON A FARM?
	SUL	sur ban		4119 KIV.	ER KOAD	YES NO
	NAME OF	First	Middle	Lost	4. DATE Month	Day Year
	Type or print)	CHARL	ES H. C.	ARRICO	DEATH OCT	3. 1966
S. 5	SEX	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED B	DATE OF BIRTH		JNDER TYEAR IF UNDER 24 HRS.
m	ALE	WHITE W	IDOWED DIVORCED	12/25/	8 last birthdoy) Mo	nths Days Haurs Min.
The second second		(Give kind af wark dane	1Db. KIND OF BUSINESS OR	II BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT
duri	ng mast af working	life, even if retired)	NDUSTRY	1/2	,	COUNTRY?
	FATHER'S NAME	MPIOYED	RIDING STABLE	14. MOTHER'S MAIDEN		U.S. A
13.	TATHER 3 NAME	HENRY		14. MOTHER 3 MAIDEN	,2	
	WH	HAM CARI			BETH IZROOK	S.
		R IN U.S. ARMED FORCES? (If yes give war or dotes of serv	rico)	NFORMANT	Address	
(10	1/0	(if yes give war or dores or serv	22.0-32-5847 17	PAE CARI	PICO - WIFE -	SAME
	1B. CAUSE OF DE	EATH (Enter anly one cause pe	er line for (a), (b), and (c).)			INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Urenera			ONSET AND DEATH
	177	DUE TO				
	Canditions, if any	which agus >	Matechia	W. Ano	W Tours	11.1K
	rise to immediat		116 10 3116	Private	200	1 001
	stating the under	rlying cause	Ca Pro	Inte	0	
	last.) (c) _	00 1.00	5 100	يان	I sa una una acu
Z.	PART II. OTHER SI	GNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CERTIFICATION						YES NO 🔀
E	2Da. ACCIDENT WA		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in	Part I or Port II of item 1B.)	
		CAUSE OF DEATH MEDICAL EXAMINER)	I was a second			
MEDICAL		JRY Month, Doy, Yeor	2Dd. INJURY OCCURRED 2De. PLAC	E OF INJURY (Home, farn	n, 20f. (City or tawn)	(County) (Stote)
뮣	Haur a.r	n.		rry, street, affice bldg., etc.)	
	p.r	11.	at wark U at wark U	0/31	10 66 11 1018	10/2/
1 1			1) attended the deceased fram	don't accurad a	19_66 ta t	an the date stated above
		eceased alive an	19 66 and that	death accorred at	M, Iram causes and	an the date stated above
	220. SIGNATURE	1/ 40	(1)	ATTENDING	MED. STAFF	22b. DATE SIGNED
		16hors 1	M.O. W.O.	1 111101	DIRECTOR L PHYS. L	1014166
	22c. PHYSICIAN'S NAME (Type		Promon	22d. ADDRESS	d Geo. Town Rd.	Pothogdo M
	HAMILE (19pe	Troper c	S. Brewer	8505 01	a deo. Town ha.	. Bethesda Mo
230	. BURIAL, CREMATIC		23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify	1 6 Oct 6	6 Parklawn	Cemetery	Rockville	Ma
24	FUNERAL DIRECTO	R	ADDRESS WASH.			RAR'S SIGNATURE
		Gawlers Sor			OT T' IONO	lianley Judge
1	-			DAIE -	TOPO A	They work

TELL

1801

A SECOND SECOND

18

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1/210 CERTIFICATE OF DEATH 1/210

-	14317			OLK III IOA	1 1	OF DEATH			401	8
1	e. COUNTY	ontgomery		MARYLAN		a. STATE Mary				gomery
-	b. CITY OR TOWN (IF	outside corporeta limits giva naarast town)	, с	LENGTH OF STAY IN		c. CITY OR TOWN		orata limits, writa		
-	d. NAME OF HOSPIT	AL OR INSTITUTION (IF				d. STREET ADDRES	\$	0	/	a. IS RESIDENCE ON A FARM?
=	9702 Cari	riage Road	1					age Roa		YES NO
	(Typa or print)	First MARY		V. CA			4. DATE OF DEATH	00101	BEN:	3/ 1966
	Female	White	MARRIED NIDOWED	NEVER MARRIED DIVORCED		b. 28, 18		AGE (In years last birthdey) 70 yrs.	Months Day	
1	done during most of work Housewif	king lifa, even if retirad	1Db. KIND	OF BUSINESS OR IND	USTRY	Washing				N OF WHAT COUNTRY?
	3. FATHER'S NAME	V. Coates				14. MOTHER'S MAIDEL	N NAME	HAMILE IN		
1	S. WAS DECEASED EVE Yas, no, or unkown) (If	R IN U.S. ARMED FORCE	ES? 16. 50			FORMANT H	usband	Address	P 25	Item 2.
100	No 18. CAUSE OF DI	EATH [Entar only one of	- A A.A.		Noi	rwood P. (Cassid	у	- 45	INTERVAL RETWEEN
	PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (a)			01	ASCULAR	n COL	LAPSO	-	ONSET AND DEATH
	Conditions, if any,	10/		Carcin	02	natos	is	genl	¥6.2	8 MONTH
	(e), steting tha un ceuse last.	DILL TO		Carcin	0	ma of	Panc	neas		1typ
1002	PART II. OTHER 2De. ACCIDENT WA OR CONTRIBUTING [(IF EITHER, NOTIFY)	SIGNIFICANT CONDITI	ONS CONTRI	BUTING TO DEATH BU	T NOT	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIVE	N IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
Crawing	2De. ACCIDENT WA OR CONTRIBUTING ! (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH	20b. DESCR	RIBE HOW INJURY OCC	UPRED	Enter neture of injury	in Part I or Part	II of itam 1B.)	Ofeen	iated I Minis
14010011	20c. TIME OF INJUR Hour a.m. p.m.	Month, Day, Year	While et work	URY OCCURRED 20e.	PLAC	E OF INJURY (Homa, fa. y, straet, office bldg., at	rm, 20f. (City	or town)	(County) (Steta)
		nat (I) (this hospita ad alive on								date stated above.
	22a. SIGNATURE	Thanles	San	arene,	M.C	ATTENDING	MED. DIRECTOR	STAFF PHYS.	/	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	CHAMIE	SA	VARESE,	M	22d. ADDRESS	11125 UCKV1	ROCKVI		1910 2085
2	3e. BURIAL, CREMATIC REMOVAL (Specify)			3c. NAME OF CEMET				ATION (City, town	,,,	(Stata)
2	Burial 4 FUNERAL DIRECTOR'		-	ADDRESS		25e. RI	EC'D BY REGIST	rar 25b. REGI	STRAR'S SIG	aryland NATURE
1	ROBERT A.	PUMPHREY	, Beth	hesda, Ma	ry]	Land DATE	NOV 1	1966	Melign	las Judge

PERMIT e • • most to the water in the world to make the contract to Ti-5-60 (Ugod of Bearing and Siver porting, services 1 2301 1 10 M ... Books at . oboldson . Yayarist . Tour 25.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)

b. COUNTY

e. IS RESIDENCE ON A FARM?

22

Doys

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

YES NO V

Year

IF UNDER 24 HRS.

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

MH

and in my opinion

22. DATE SIGNED

(Stote)

YES X

(County)

Inquiry X

Delaware

DATE

25b. REGISTRAR'S SIGNATURE

Melanles

Monto

(County)

1966

FOR STATE HEALTH DEPT. Item 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page ā death. after 24 hours after deoth.

14319

PLACE OF DEATH

o. COUNTY

ate Deportment hours 72 the within with event 0 File puo permit. removal buriol-transit 0 cremation, 0 00 buriol, used pe 3 should

executed within

This certificate should

please execute the certificate,

O DEPUTY

rd ''pending'' in pencil in Chief Medical Examiner's 0 forworded Health or its designated agent, prior to Poge 4 should FUNERAL DIRECTOR: Page the funeral directar. retained pe may 0

MARYLAND b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Museonsin. AVE 3. NAME OF 4. DATE First Middle Lost DECEASED OF DEATH (Type or print) S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED EMALE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY WASH 13. FATHER'S NAME HOLZ MUELLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: ComPresion. Cervical. IMMEDIATE CAUSE (o) DUE TO fre euma- from Fall - 11 Stories = Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11, of item 1B.) Jumped down elevata Shatt CAUSE OF DEATH 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) P Hour o.m. While Not While foctory, street, office bldg., etc.) 10 22 1966 of work ot work Building 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X death resulted fram: Suicide 🔀 Natural causes Accident . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial 10/27/66 Odd Fellows Cemetery Milford. ADDRESS W. Braddeck Ha. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Everly-Wheatley Funeral Home, Alexandria, Va.

VR A15ME (5) 6M 1/66

And Annual Section 1975 to the section of the secti

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1432	0		CERTI	FICATE	OF	DEATH			1	432		
		PLACE OF DEATH o. COUNTY	Montgon	ery		RYLAND	2. USUA o. STA	RESIDENCE (V	Where decease ylance	b	COLINITY			
		Bethe	If autside carparate limit I give nearest tawn) Sda AL OR INSTITUTION (If n		7Months	28Day	s.	Cher	vy Ch		te RURAL	and give nea	rest tawn)	IDFN¢F
0			a-Silver			11			Rose	mary	Str	reet	YES	NO X
	(NAME OF DECEASED (Type or print)	ALI	rst CE	Middle S •	CHRIS	TIA		4. DATE OF DEATH		Month	14,	19	66
		emale	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRI			29, 1	896		αγ) N γrs.	On the Day	Hours	Min.
	duri	ng most of working Housewi	I (Give kind af wark dane lite, even if retired) I E		IND OF BUSINESS OR NDUSTRY		K	HPLACE (County Cansas		reign country)	12. CITIZEN COUNTR		
		FATHER'S NAME Upshur						Mary	Robb:					
			R IN U.S. ARMED FORCES? (If yes give war ar dates		Unknown	17. INF	FORMAN	Dau	Sope		Same	e as	Item	2.
			EATH (Enter anly ane ca TH WAS CAUSED BY: IMMEDIATE CAUSE		(o) (b), and (c).)	-uar	N.	Em	shy.	leuro			INTERVAL BE ONSET AND	DEATH
		Conditions, if ony rise to immediat stoting the underlast.	, which gove) e couse (o),	(b) 10 (c)	Heala	d p	ule	45100	ory of	ubere	, los	is 4	yea	
0	MEDICAL CERTIFICATION		GNIFICANT CONDITIONS	25810	TO DEATH BUT NOT R	1	ea	24	De	sea	se		PERFORI YES	
	L CERTII		CAUSE OF DEATH MEDICAL EXAMINER)				. 6			$\mu l + l$				
	MEDICA	Hour a.r p.r	n. 19	While at war	k 🔲 at work 🗀	foctory		RY (Hame, farm office bldg., etc.)		(City or to	wn)	(Caunty)		(State)
		saw the d	fy thot (I) (this ho eceased olive on_		ded the decease	d from and thor	deoth			o O O		d on the c		(we) la d obov
		220. SIGNATURE	Mounas	13	Soffini	M.D.	PHYS.	IDING	MED. DIRECTOR	STAFF PHYS.		22b. DATE S 10-14	4-66	
1		22c. PHYSICIAN'S NAME (Type		S. SA	PPINGTON			W	ashir	gton	, D.		, N. W	•
]		REMOVAL (Specify)	EREOF -15-66	23c. NAME OF CEI Highla			ery	Ic	leation (city	Ka	nsas		State)
	24.	. FUNERAL DIRECTO	R	EY, Be	thesda,	Mary]	Land	2So. REC'I	BY REGISTI	1966		TRAR'S SIGNA		ge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in day event, within 72 hours after death. VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after deoth Poge 4 may be retoined by the hospitol or ottending physician.

Tourism the complete of the co	2 7 7 7 8		\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A constant of the stage of the			
A constant of the stage of the		Carlotta Carlo	ALCONOLISMO !
STORE SHALL SEED STORE STORE TO THE STORE			
And the state of t		Transact of the appropriate the transfer of	tage would enhanted.
And the series of the series o	· ·	O to the Late of the Control of the	atu.
and the state of t		6. Boat , 12 . 1145 70	Temple - Akile
			distinct contact.
	SOUTHWEST TO SELECT	Translation of Language	
A CONTRACTOR OF THE CONTRACTOR			
A CONTRACTOR OF THE CONTRACTOR	ment-in T		
	• (a	tour 20 103 House to the contract of the contr	. The state of the
	Section 1		

1.

.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14321	CERTIFICATE	OF DEATH	14:	321
f	1. PLACE OF DEATH			ceosed lived, if institution: Residen	ce before admission)
1	Montgomery	MARYLAND	Marylan	b. COUNTY	ntgomery
1	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		porote limits, write RURAL ond give	
-1	write RURAL and give nearest tawn)				15-1
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	Years	d. STREET ADDRESS	3 e	e. IS RESIDENCE
1					ON A FARM?
	7113 W. Greenvale Pa			reenvale Park	
1	3. NAME OF First DECEASED	Middle	Lost 4. DA	TE Month	Doy Year
	(Type or print) JOHN		LAGETT JR DE		19 66
	S. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years IF UNDER Months	YEAR IF UNDER 24 HRS. Days Hours Min.
	Male Caucasian WIDOW	VED DIVORCED	March 1.1896	70 yrs.	Sul's Huit.
	10g USUAL OCCUPATION (Give kind of work done 10	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, o	r foreign country) 12. CIT	IZEN OF WHAT
	during most of working life, even if retired)	Construction	Maryland	Ů,	UNIRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	John H. Clagett		Sophie Ho	hman	
	15 WAS DECEASED EVER IN ILS ARMED EDRCES?	16. SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
	(Yes, no, or unknown) (If yes give war ar dates af service)	214-03-0555 J	ohn U Class	++ TTT dama	40
1	1B. CAUSE OF DEATH (Enter only one couse per line		oun u. orake	nn TTT OSING	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	1 2	1 Intar	ction	ONSET AND DEATH
	1420 IMMEDIATE CAUSE (o)	Myocardia	1 11701	01104	Jacaen
1	Conditions, if ony, which gove)	Artamore	1. Lin Ha	art Disease	5-1141
	rise to immediate cause (a),	717611636	lerosic 11c	41 1 1010 6434	7 413
	storing the underlying couse				
4	lost.) (c)		IF TERMINAL PURFACE COMPUTION	ONEW ALL BART N/ A	I In WAS AUTORSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE CONDITION	SIVEN IN PAKT 1(0)	19. WAS AUTOPSY PERFORMED?
7	200. ACCIDENT WAS UNDERLYING 200. OR CONTRIBUTING CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINERY		2 phritis		YES NO
ı	E 200. ACCIDENT WAS UNDERLYING ☐ 20!	b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in Port I ar	Port II of item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	and the state of t			of. (City or town) (Cau	unty) (Stote)
	Haur o.m. y ot	While Not While tacta	ry, street, affice bldg., etc.)		
	21. I certify that (I) (this hospital) at	tended the deceased from	May , 1963	to 10-31, 191	that (I) (we) las
	saw the deceased olive an/	0-24 1966, and that	death occurred of 11:05	M, from couses ond on the	he date stated above
-1	22o. SIGNATURE	1	127717110	22b. D.	ATE SIGNED
1	Charles & A	mith M.D	. PHYS. ATTENDING MED. DIRECTO	R PHYS.	1-1-66
/	22c. PHYSICIAN'S	10 0 11 10	22d. ADDRESS	4	
	NAME (Type) Charles	G. Smith M.	13 4615 Lee.	Highway Arl	ington, Va
1	23o. BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY OR C	REMATORY 23d	. LOCATION (City or Town)	(County) (Stote)
	Burtal 11/3/66	Druid Ride			
1	24. FUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REG	GISTRAR 2Sb. REGISTRAR'S S	aryland IGNATURE
	Joseph Gawler's Sons	. Washington.	D. C. MINOV 7.		as Judge

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificat

Page 4 may be retained by the hospital ar attending physician.

executed within 24 haurs after death.

2 - 10 10 Carried to favor seed of the contract of the c , 10 The second secon restrict a little to the state of the state AND THE PROPERTY OF THE PROPER and the state of t A STATE OF THE PROPERTY OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14322

CERTIFICATE OF DEATH

14322

		o. COUNTY					2. USUAL RESID	ENCE (When	re deceosed	ived, if institution b. COU		e befar	e odmissio	n)
	1	nontgom	eeu		MAR	RYLAND	MAR	4/AN	0		MONT	Gen	rerei	1
		b. CHY UN IOWN (If autside corporate lim d give nearest town)	its,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
	-	DILVER	DORING		368A4	3	SILV	ER	0	PRIN	9		15.1	
		d. NAME OF HOSPIT	AL OR INSTITUTION A	nat in haspitol, g	give street oddress)		d. STREET ADDR	ESS		1	,		on a fa	
108	Holy CROSS USPITAL				10110	680,	1914	HV	ENYE			NO K		
		NAME OF DECEASED		First	Middle		Last	4.	DATE	Man	th	Day	Yea	r
		(Type ar print)	Ro	4.	ω .		CLARK		DEATH	Oct.		.31	196	.6
	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 🔲	8. DATE OF BIRTH	188	7 9. A	GE (In yeors	IF UNDER		IF UNDER	
	1	MALE	White	WIDOWED	DIVORCE	ED 🔲	7-xx	· XX	1	st birthdoy) Green	Manths	Days	Hours	Min.
P	dur	ing most of working	l (Give kind af wark dan life, even if retired)	IN.	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE	(Caunty & St	ote, ar foreigi	country)		IZEN OF JNIRY 2		
(4)	e.	FATHER'S NAME	ning & Soru	eening (Lark Many	<i>ifact</i>	14. MOTHER'S M		r		u.	J.H	•	
			21016				Eva Wo		lt					
	_	enjamin (2 14	SOCIAL SECURITY NO.	17	INFORMANT	ren		- C Adde				
	(Ye	es, na, ar ynknawn)	R IN U.S. ARMED FORCES (If yes give war ar dote:	of service)	DIL OLL			L	1011	o Geddy	gia Hy	jenu	e,	
-21.						De.	lle Clar	e	Silv	er Jpr	rng, 1			
		18. CAUSE OF DI	EATH (Enter only one of TH WAS CAUSED BY:	N	1 0		_						RVAL BETV	
		1 2 2 1	MMEDIATE CAUS	E (a)	rebeat.	mel	astan	-						
- (3)		1500		E TO								77	00	
		Canditions, if ony rise to immediat		(b) (a	incer	Con	-	-				2	000	Lugo
		stating the unde		E TO										
		last.		(c)										
	z	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING 1	TO DEATH BUT NOT RE	LATED TO	THE TERMINAL DISE	ASE CONDIT	ION GIVEN IN	PART 1(a)		19.	WAS AUTO PERFORME	PSY
0	ATIO											YE		NO X
	CERTIFICATION	20a. ACCIDENT WA		205. DE	SCRIBE HOW INJURY O	OCCURRED.	(Enter noture of in	jury in Part	I or Part II	of item 18.)	Ed.			
	CER		CAUSE OF DEATH MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJU	JRY Month, Day, Year	20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Han	ne, farm,	20f. (C	ity or town)	(Cou	inty)	(5	State)
	MED	Haur o.r	n.	While of war		foc	ory, street, affice bl	dg., etc.)	100					
		21 Leorti	fy that (I) (th is h a	OI WUI		fram	for to	2 = 10/	6 to .	6-13	/ 19/	(6 th	at (1) (4	20-404
		saw the d	eceased olive on_	Oct.	30 1966.	and the	t death occurr	ed at 6	30 M. T	rom causes	and an th	ne dat	e stated	above
		220. SIGNATURE		1 1	/						-			
	3	64	ino of &	Me	ah and	R.M.	ATTENDING D. PHYS.	MEI DIR	ECTOR	STAFF PHYS.	Oct	31,	ED 1960	5
		22c. PHYSICIAN'S		100 1							c c	M		
1		NAME (Type	Edward J.	. Richa	rds		10110	yeor	qua Hu	enne,	٥. ٥.,	110	•	
	230	BURIAL, CREMATIC		HEREOF	23c. NAME OF CEM	METERY OR	CREMATORY		23d. LOCAT	ION (City or To	iwn)	(Caunty)	(St	ote)
0		Burral (Specify		1966	Port Lin	coln	Cemeter	1	Princ	e Geor	ges Co		Md.	
R	24	. FUNERAL DIRECTO	E Carter S	Conflicte	ABORESS4		250	a. REC'D BY	REGISTRAR	2Sb. R	EGISTRAR'S SI			- 7
All.	We	arner {.	Pumphrey,	Inc.	Silve	r Sp	ring NAA	TE NO	JV 3	1966	gelia	rele	Jus	42

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the State Dept. af Health prior ta burial, crematian, ar remaval, <u>and in</u> any event, within 72 haurs after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after deoth. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) . 20 M 1/66

Sentent but he was a management of the control of the SHOWING A property of 2.2 is appropriately all All All and The state of the s

. South

1	Ite	ems 18&21 Film 383 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ARYLAND
FOR STATE		14323 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14	323
HEALTH DEPT.	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY b. COUNTY	Residence before admission)
200		Maryland Mulderd	102 Tomley
unera unera nay b		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Land give hearest town)
the f	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AODRESS	e. IS RESIDENCE ON A FARM?
delay is necessary, nd 3 to the funeral . Page 5 may be state Department hours after death	9	Duburban 10/25 Thornwood Re	YES NO
any dela , 2, and PM3. F h the St n 72 hou	3.	NAME OF DECEASED STEPHEN SHAWN CLARKE DEATH ST	Day Year
PM PM	5.		13 1966 R 1 YEAR IF UNDER 24 HRS. I Days Hours Min.
after death. If an Give Pages 1, 2 ong with form P Es 1 and 2 with any event within		7) WIDOWED DIVORCED July 21. 1966 Isst birthday) Months	Days Hours Min.
dea e Pa with	10a	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. C	CITIZEN OF WHAT
Giv Giv Ng v		Infant - Margand	45
n 18.	13	FATHER'S NAME 14. MOTHER'S MAIOEN NAME Pary Elec Goyd	
Item Item Office File and	15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
hin 2 il in r's (nit.	(4	es, no, or unkown) (If yes give war or dates of service) — Father - Lame as as	love
l within 2º pencil in miner's 0 permit. F		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
d be executed "pending" in Medical Exar burial-transit cremation, or		IMMEDIATE CAUSE (a) ASDITYXIA (SDIT)	
id be execu "pending" f Medical I burial-tran cremation,		Conditions, If any, which (b)	
Id be "pe f Me buri		gave rise to immediate cause (a), stating the DUE TO	
shoul vord Chief as a rial,	Z	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY
ficate shoul the word the Chief used as a to burial,	SATIO		PERFORMED?
d to	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	8.)
nis co writ arde nould it, pr			ounty) (State)
EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, hould be forwarded to the Chief Medical Examiner's Office along with form iles. NR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with signated agent, prior to burial, cremation, or removal, and in any event within	MEDICAL	Hour a.m. While Not While factory, street, office bidg., etc.)	
the certificate should be the files. CTOR: Page designated	M	p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	, and in my opinion
L EXAM he cert should files. TOR: Pa		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
c the the shour file		ACTUAL OCHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
TY MEDICA execute t r. Page 4 d for your RAL OIREC th or its c	4	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER OF	-12 19/1
tor. Thed for salth		NAME (Type) BELDEN K, KEAP, M, D, Address (Street, city, town, or county)	12,1100
10 OFPUTY MEDICAL EXP please execute the cr director. Page 4 shour retained for your files. O FUNERAL DIRECTOR: of Health or its design	23	Ta. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME of CREMATORY 23d. LOCATION (City, town or concerning the control of the cont	county) (State)
	2	Till on project and of the project and oth project and oth project and oth project and other project a	R'S SIGNATURE
VR A15ME	3	11 11 10 N 47 48 WISC DATE 10-15-6000 OCLU	arley Judge
3500 4-64	1	AUE. N/W 001 20 1900 1	0

THE PROPERTY AND THE PROPERTY OF THE PROPERTY A SECURE OF THE RESERVE OF THE PARTY OF THE

CONTROL TOR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1966

DATE

7.3003	K	GEIK.	11 10/11-					3.34	4
PLACE OF DEATH		42 12 12	2.	USUAL RESIDEN	CE (Where decease	ed lived. If institut		before adm	ission)
o. COUNTY	gomerv	M	ARYLAND		RULANI	b. COUNTY	NONTGO	MERC	,
	(If outside corporate limits,	write c. LENGTH OF ST	TAY IN 1b			porote limits, write I			-
RURAL ond give	nearest town)	4 DA	-		VETZ 5 8			,	,
TAKOMA	PITAL (If not in hospital, give	utrast addrsus)	2	d. STREET ADDR		~~~		la IS P	ESIDENCE
OR INICTITUTION	1		1211			1.2	1.15	ON	A FARM?
WASH	INIGTON SA	-NITARIUM A	NO HOND.	9909	CAPITOL	VIEW	AVE,	YES	NO [
NAME OF DECEASED	First		ddle	Last	4. DATE OF	Мо	nth	Doy	Yeor
(Type or print)	CHARLE	3 RE	oss CL	EAVES	DEAT	H OCT		12	1966
SEX	6. COLOR OR RACE 7.	MARRIED TEVER MA	RRIED B. D	ATE OF BIRTH		9. AGE (In years			-
MALE	\		RCED 🗆	TULY 2,	1895	lost birthdoy)		ays Hour	s Min.
a. USUAL OCCUPAT	ION (Give kind of work don	10b. KIND OF BUSINES				county)	12. CITIZE	N OF WHA	COUNTR
during mast of wo	orking life, even if retired)			120174				5. 0	
3. FATHER'S NAME	pe Gardener	Landscapin	14	4. MOTHER'S MA	ia IDEN NAME		Am	ericar	1
. IAITIER 3 NAME									
	ron Cleaves				zabeth F				
S. WAS DECEASED EV	VER IN U. S. ARMED FORCES (If yes, give wor or dates of service)		NO. 17. INFO	RMANT		9904 ^{Ad}	apitol	. Diew	Ave.
ves	WW 1 Army	577-09-July3	10 Mrs.	Leafy L	. Cleave	es Silve	2. Sprin	a Md	
18. CAUSE OF DE	EATH Enter only one couse	per line far (o), (b), and	(c).]	9.1				INTERVAL	
PART I. DE	EATH WAS CAUSED BY:	CARCINON	4 11	Rin Ary	R, A	A DER		ONSET AN	NT45
100	MMEDIATE CAUSE (o)	CHACINE	111	1	13 2.1	770.		1	
101									
Conditions, if	immediate (D)								
cause (o), stating									
lying cause lost	_ / //_								
PART II. O	THER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO TH	E TERMINAL DISEA	ASE CONDITION GI	VEN IN PART	1(o) 19. WA PER	S AUTOPS FORMED?
3 Pu	IL MON ARY	EMPHY SEM	A AND	RIGHT	INGUIN	AL HET	WIA	YES (] NO
- IZOG. ACCIDENT Y	VAS UNDERLYING 20	b. DESCRIBE HOW INJUR	Y OCCURRED. (Enter nature of in	jury in Part I ar P	art II of item 1B.)			21-1
(IF EITHER, NOTIF	NG CAUSE OF DEATH								
20c. TIME OF INJU	URY Manth, Doy, Year	20d. INJURY OCCURRED		OF INJURY (Hom		ity or town)	(Ca	unty)	(Stat
20c. TIME OF INJU	10	While Nat while	foctory	y, street, office blo	dg., etc.)				
	•	of work at work							
	nat (1) this haspital)								
saw the dece	ased alive an OCT	F. 12 19 660	and that dea	th accurred a	it 24M, from	n the causes a	nd an the	date state	ed abav
220. SIGNATURE				100000000000000000000000000000000000000					22b. DATE SIGN
1 2.	ames a.	Robert.	J M.D	ATTENDING PHYS.	DIRECTOR [STAFF PHYS.	0	CT. 12	
22c. PHESICIAN'S				22d. ADDRESS					1
NAME (Type)	JAMES :	A. ROBER	75	8907	6-E8, A	IE. SILVE	TR SP	RING	, M
O- BURIAL COCALA	ION, 23b. DATE THEREOF		CEMETERY OR C			ATION (City, town,			tote)
REMOVAL (Specif	Ful 1							(5	iore)
		966 St. John	rs ceme			Williams		ma	
24. FUNERAL DIRECTO	P'S SIGNATURE (1900)	alasta ADDRESS (TOOKETO	A110 25	a. REC'D BY REG	ISTRAR 256, REG	ISTRAR'S SIGN	MATURE	

D FUNERAL DOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OF may be retain TO FUNERAL D VR A15 (4) 15M 9/59

he funeral directar, shauld be filed with

Page

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24

19324 18641 And the second second The second section of the second section secti THE RESERVE OF THE PARTY OF THE THE RESERVE OF THE PROPERTY OF The series of th

DEPUTY ME

necessory,

0

FO FUNEI Health Eurial 24. SUNERAL DIRECTOR VR A15ME (5) 6M 1/66

EXAMINER'S

NAME (Type)

BURIAL, CREMATION.

REMOVAL (Specify)

23b. DAJE THEREOF

66

23€.

ADDRESS

2Sa. REC'D BY REGISTRAR

CEMETERY OR GREMATORY

DEPUTY MEDICAL EXAMINER

Address (Street, city, tawn or caunty)

LOCATION

2Sb. REGISTRAR'S SIGNATURE

(City or Tawn)

Meliantes

(County)

e. IS RESIDENCE

YES

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

ON A FARM?

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY

PERFORMED?

and in my opinian

22. DATE SIGNED

NO

(State)

NO 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician one completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 2 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4)-20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

	1432	6		CERTIFICA	TE OF D	EATH		1	4326
1.	PLACE OF DEATH				2. USUAL	RESIDENCE (WI	nere deceased lived, if insti	tution: Residenc	e befare admission)
	a. COUNTY			MARYLAND	o. STAT	m.	b. CC	DUNTY	. C . V .
-	h CITY OF TOWN (If autside aparate limit		NGTH OF STAY IN 1b	CITY OR	TOWN /IF and	ide carparate limits, write l	Prince	
	write RURAL and	give nealest tawn)		. 1	C. CITI OK	6 11	D	KUKAL UNU GIVE	liegrezi igwii)
	3//	ver Spri		10 days		olle	ge Parl	5	16.2
	d. NAME OF HOSPIT.	AL OR INSTITUTION (If n	at in Hospital, give stre	et address)	d. STREET	ADDRESS			e. IS RESIDENCE ON A FARM?
	Nol	y Cros	S NOSP	ital	5	5904	BrynMa	wor Ro	YES NO
3.	NAME OF	Fi	rst	Middle	Los	it ,		onth	Doy Year
	DECEASED (Type or print)	(-0	rtrude	C.	C0/18	ter	DEATH Octo	ber	17 1966
S.	SEX	6. COLOR OR RACE	7. MARRIED 1	NEVER MARRIED	8. DATE OF	BIRTH 18	9. AGE (In years		YEAR IF UNDER 24 HRS.
	F	W	WIDOWED 🔀	DIVORCED _	Nov.	0. 189	10 2 yrs.		Days Haurs Min.
		(Give kind of work done			11. BIRTH	PLACE (County &	State, or foreign country)		IZEN OF WHAT
aur	ing most of warking	e we it retired)	Own ho			Oh		(00	150
13.	FATHER'S NAME	2011-6			14. MOTH	ER'S MAIDEN NA	ME		971
	Frank	Slavin			- 27547	Unknow	n		
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		SECURITY NO. 1	7. INFORMANT		5904 Br	dressman	Dond
(Y		(If yes give war ar dates	of service)	30-1476	John R.	Colist			
	No	None		30-2110	4		er College	Park, C	INTERVAL BETWEEN
		EATH (Enter anly one car TH WAS CAUSED BY:	use per line for (a),	/ and (c).)	1	11			ONSET AND DEATH
		IMMEDIATE CAUSE	(a)	mal -	msup	free	ucy		
	4221	DUE	10	' 0	4	P. 1	1. /	/	
	Conditions, if ony		(b) When		die	upp	iovasu	ac	
	rise to immediate cause (o), storing the underlying cause To Due TO Descare To Congestione Facultiene,							1.	
	lost. (1)						record		
NOI	PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERMINA	L DISEASE COND	ITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED? YES NO
3	OO - ACCIDENT WA	C LINDEDLY VINCE C	T 30F DECCDIDE I	HOW INTERPT OCCUPE	ED /Enter mature	of injury in De	ort I or Port II of item 18.)		I III III III
CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)	ZOD. DESCRIBE I	HOW INJUST OCCURR	ED. (Enter noture	or injury in Po	or For Hornem 16.)		
MEDICAL	20c. TIME OF INJU	JRY Month, Day, Yeor	20d. INJURY O		PLACE OF INJURY		20f. (City or town)	(Cou	nty) (Stote)
MEC	Hour a.r	10		Nat While at work	factory, street, of	fice bldg., etc.)			
		fy that (I) (this ho			100	10	6610 00	104	, that (I) (we) las
	saw the d	eceased alive an_	6-17	_19 <u></u>	that death a		M, fram cause	es and an th	ne date stated above
	22a. SIGNATURE		- /		477545		AFD CTAFF	22b. DA	TE SIGNED
	Bax	nasoll 0	utgeral.	1	M.D. PHYS.		AED. STAFF PHYS.	0 10	-17-66
	22c. PHYSICIAN'S NAME (Type	BERNARE	A.FITZ	gerali	22d. i	Sizve	R SPRING	, mo	_
230	. BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF 23c.	NAME OF CEMETERY	OR CREMATORY		23d. LOCATION (City or	Town)	(Caunty) (State)
	BREMOVAL (Specify	Oct 19,	1966 Gat	te of Hear	ven Ceme	terv	Silver Spr	ing M	arvland
20								REGISTRAR'S SI	GNATURE
1 7	John B.	homasickul	Skom, 8434	Georgia	Avenue	DATE OC		Milian	eles Judge
Wa	rner E.	Pumphrey,	Inc. Silve	er Spring	Md.	DAIL MA	To lobo	A.	0

astar. The state of the s Side of the SE Transfer of the County of the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

:	14327			CERTIFI	CATE	OF DEATH			11:	995	,		
	PLACE OF DEATH a. COUNTY Mo	NTGOMERY		MARYL	AND	2. USUAL RESIDENCE (W o. STATE	here dece	b. COU	AITV	T G O	e odmissi YE RY	ion)	
b	b. CITY OR TOWN (write RURAL and	If outside corporate limits, I give nearest tawn) OLN	EV	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fown) GERMAN TOWN							
d		ALOR INSTITUTION (If not in	haspital, g	ive street address)		d. STREET ADDRESS	IE.				e. IS RESI ON A F	FARM?	
	NAME OF DECEASED (Type or print)	First E L A	1FR	Middle EDW IN		Last Collins	4. DATE OF DEAT		th O	Day		ear 66	
S. S		6. COLOR OR RACE 7.	MARRIED VIDOWED	NEVER MARRIED DIVORCED		DATE OF BIRTH 5-23-90	DLA	9. AGE (In years last birthdoy) 76 yrs.	IF UNDER Manths	Days	IF UNDE Hours		
duri	ing most of warking	(Give kind of work done life, even if retired)	IN	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County MARY LANG		foreign cauntry)		TIZEN OF DUNTRY?			
	CHARLES A. COLLINS					14. MOTHER'S MAIDEN N		IGLESBEE	3 11				
15. (Yes	WAS DECEASED EVE es, na, ar unknawn)	R IN U.S. ARMED FORCES? (If yes give war or dates af se	vice) 16.	SOCIAL SECURITY NO. 14-18-8350	17. fl	MEDICAL REC	CORDS	Addr DEPT.	ess				
		EATH (Enter only one couse p TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	1000	(a), (b), and (c).)	He.	norsha	90			ON	ERVAL BE SET AND		
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) Rupture Lt. anterior Corebral artery hours (c) Hypertensive Cardiovascular disease												
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum_{\text{NO}} \) NO \(\sum_{\text{NO}} \)												
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (I	nter nature of injury in f	Part I or P	art II of item 18.)					
MEDICAL	20c. TIME OF INJI Hour o.r p.r	10	20d. II While at war	Not While		E OF INJURY (Home, farm ry, street, affice bldg., etc.)		(City or tawn)	(Co	iunty)		(State)	
	saw the d	fy that (I) (this haspite eceased alive an	l) atten	ded the deceased f	ram nd that	death accurred at		ta 10 -1 M, fram causes			nat (1) (te state		
	22a. SIGNATUR	ich Sur	n	nach	M.D	PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. C	ATE SIGN	- /	1	
	22c. PHYSICIAN'S NAME (Type		IACHE	R, M. D.		22d. ADDRESS	ATTHE	RSBURG, M	10.				
	BURIAL, CREMATIC REMOVAL (Specify	10-22-0		23c. NAME OF CEMET			Ger	LOCATION (City or To mantown	Mo	(County	Mo	(State)	
24.	Ernest	Smell 6=	Gai	thersburg.	Мд	2So. REC'D	BY REGIS		EGISTRAR'S		Jus	40	

Gaithersburg

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

CHEMPS THE TATION ... CAREATA YEAR COL and the first of THE PERSON NAMED OF TAXABLE PARTY.

FOR STATE HEALTH DEPT.

TO DEPUTY MEDIA. EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in item-18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5) 5M 1/65

	MARY	LAND STATE DE	PARTMENT OF	HEALTH	
Division of	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
1000	MEDICAL	EVAMINEDIC	CEDTIFICATE	OF DEATH	11000

14060	12020
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Montgomery	a. STATE b. CDUNTY Maryland Montgomery
b. CITY DR TDWN (if outside corporate limits. C. LENGTH OF STAY	IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearast town)
write RURAL and give nearest town) Rockville	Rockville /5/
d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street a	ddress) d. STREET AODRESS e. IS RESIDENCE
	DN A FARM?
6902 Tilden Lane	6902 Tilden Lane YES NO 🗽
3. NAME DF First Middle DECEASED	Last 4. DATE Month Oay Year
(Type or print) MAUDE F.	COLLINS DEATH Oct. 7.1966 19
5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCE	2 Nov. 1885 BO yrs. Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stata or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Housewife 13. FATHER'S NAME	Washington, D.C. USA
George E. Fletcher 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service)	Address 4107 Dakota Ct.
No 220-46-3827	MGan Wm D Calling
18. CAUSE OF DEATH [Enter only ona causa per line for (a), (b), and (c).1 INTERVAL BETWEEN
PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) COFOT	Ery Ingusticency Aurie Sudden.
4701	
Conditions If any which	Vascular Disease _ chronic.
gave rise to immediata	
cause (a), stating tha DUE TO	
/ (0)	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURSE HOW INJURY CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED A While Not While at work at work at work at work at work.	PERFORMED?
I I CA	YES NO G
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	RY OCCURRED. (Enter nuture of Injury in Part 1 or Part 11 of Itam 18.)
CAUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	ractory, su eet, onice bidg., etc.,
21. I certify that I took charge of the remains described abo	ove, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X, Accident	
ACTUAL Of & R.O.	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE John. 9. Face	M.D. VOSISIANI MEDIANE EXAMINED
EXAMINER'S Tohm C Poll	DEPUTY MEDICAL EXAMINER X -10/8/66
NAME (Type) JOHN G. Dall	Address (Straet, city, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE REMOVAL (Specify)	METERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 10/10/66 Ft. Line	oln Prince George Co., Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Tyson Wheeler Funeral Home-1331 R	ockville Pike OCT 1 1 1966 Icharles Judge
Rockville, Md.	

38888

dior utilities unner

Tonotall . Daton

ollwesuc.

Claro duo.

Carlina Con Vote

2 .nv. labs 80 -

Sale Land Strain Control of the Cont

-10 product TOTA

At attendance in the lie of the standard of th

. Drings Hearse Co. . It.

michial 10/1766 to income and a president acci-ency agreemed teleson most

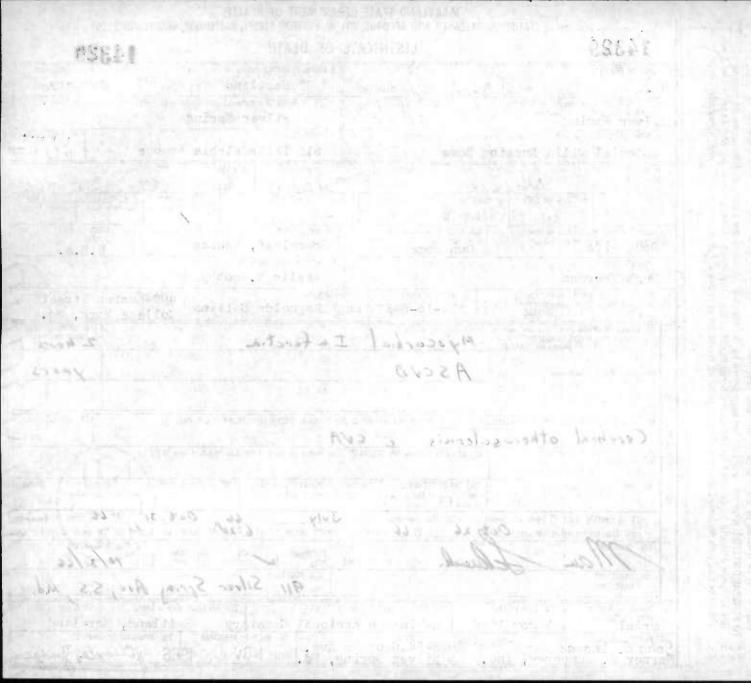
.bv.ollittanax

LLast . w mob

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14329		CERTIFICATE	OF DEATH		1432	1	
	D. PLACE OF DEATH O. COUNTY D. CITY OR YOWN (If write RURAL and	outside cornorate limits	VERSPRING MARYLAND	o. STATE Maryla	de corporote limits, write RURA	Montgo	mery	
			hospitol, give street oddress) ng Home	d. STREET ADDRESS	r Spring delphia Avenue	15.) e	e. IS RESIDENCE ON A FARM? YES NO PCAC	
	3. NAME OF DECEASED (Type or print) S. SEX		Middle /E /A . MARRIED □ NEVER MARRIED □ 8	Lost A	4. DATE Month OF DEATH OCT 9. AGE (In years	F UNDER 1 YEAR	19 66 IF UNDER 24 HRS.	
	10o. USUAL OCCUPATION (during most of working life housewife	Give kind of work done	VIDOWED 3 DIVORCED 10b. KIND OF BUSINESS OR INDUSTRY Own home	9/20/8. 11. BIRTHPLACE (County & S Greenleaf,		Months Doys 12. CITIZEN O COUNTRY U.S	?	
	13. FATHER'S NAME Hugh Thor 15. WAS DECEASED EVER	IN II C ADMED FORCES	LIA COCIAL SECURITY NO. 1.17 M	14. MOTHER'S MAIDEN NAMAMELIA S.	Hobby			
F	18. CAUSE OF DEA	WAS CAUSED BY: IMMEDIATE CAUSE (o) _	er line for (o), (b), and (c),	gh Reynolds (tafarctia	Colle	Ruaton S ege Park IN Z		
	Conditions, if ony, rise to immediate stating the underliast.	couse (o),	ASCVD)	/ears	
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)							
	20c. TIME OF INJUR Hour o.m.	Y Month, Doy, Yeor 19	While of work of work focto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)	
	21. I certify saw the de	that (I) (this haspital	1) attended the deceased fram	death accurred at 6	66 ta 028.31 :20 M, fram causes a	19 <u>66</u> , t and an the da 22b. DATE SIG	te stated abave.	
	22c. PHYSICIAN'S NAME (Type)	un L	Guardin M.D	PHYS. DI	lver Spring	10/31 Ave, S.S	, ud,	
	230. BURIAL, CREMATION REMOVAL (Specify) BURIAL	3 Nov 19	966 Washington Na	tional Cemet		nd, Mary	land	
8	Ja. FUNERAL DIRECTOR John B. Jhy Warner E. I	omas Jen.	ADDRESS Silver Spring	Ave. NO		gistrar's signatu gelianta		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours after deaths. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires thot the death certificate be executed within 24 hours after deoth. Poge 4 moy be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14	330		CERTIFI	ICATE	OF DEATH		1438	i (i
o. COUNT			MARYL	LAND	- CTATE	Where deceosed lived, if institu b. COI ginia		before odmission)
b. CITY O write	R TOWN (If autside corporate limit RURAL and give neore ("RUPa] Betnesda ("RUPa]	s, _)	c. LENGTH OF STAY IN 3 mos. 3			utside carporate limits, write RI	JRAL and give r	neorest town)
d. NAME	of Hospital or Institution (If no aval Hospital		ive street oddress)		d. STREET ADDRESS Route 2,	Box 205		e. IS RESIDENCE ON A FARM? YES NO
3. NAME O DECEASE (Type or	D Wil	ıst Liam	Middle Harry	-	Lost Collins	4. DATE Mor OF DEATH Oct.		Doy Year 21 19 66
s. sex Mal	e Cauc.	7. MARRIED 3 WIDOWED	NEVER MARRIED DIVORCED		oct. 23, 19:	9. AGE (In years lost birthday) 55 yrs.	Months [YEAR IF UNDER 24 HRS. Doys Hours Min.
during most	CCUPATION (Give kind of work done of working life, even if retired) SMC		ND OF BUSINESS OR DUSTRY		Collins	& Stote, or foreign country) Georgia		VEN OF WHAT NTRY? USA
	C. Collins		COCIAL CECUDITY NO	17 1	14. MOTHER'S MAIDEN Unknows	n		
(Yes, no, or u	CEASED EVER IN U.S. ARMED FORCES? Inknown) (If yes give war or dotes) 1931—1953	of service)	SOCIAL SECURITY NO.			fford Add Collins, Route	ress Va.	
Condition rise to istoring lost.	USE OF DEATH (Enter only one con ART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE ons, if ony, which gove m mediote couse (0), the underlying couse	(c) Her	morrhage, n	card	inoma			INTERVAL BETWEEN ONSET AND DEATH
CATIO	OTHER SIGNIFICANT CONDITIONS C							19. WAS AUTOPSY PERFORMED? YES NO
	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	205. DE	SCRIBE HOW INJURY OC	CURRED. (Enter noture of injury in	Port 1 or Port II of item 1B.)		
WED	ME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19	While of work	Not While of work	focto	E OF INJURY (Home, forn ory, street, office bldg., etc.		(Coun	
so	I certify that (1) (this has the deceased alive on	oct.	ded the deceased to the deceas	frame and that	deoth occurred of	19_66 , ta_Oct • 7 _730A M, from causes	s ond on the	e date stoted abov
	Chature Colorest O	C/Za	men	M.D		MED. DIRECTOR PHYS.	22b. DAT	t. 21, 196
N	HYSICIAN'S AME (Type) Robert J.	Winney		2/2/		spital, Bethe		
Bury	, (REMATION; 23b. DATE TH AL (Specify) 10-24	-66		lemor	ial Cemeter	23d. LOCATION (City or I ry Fredricks)	ourg. Va	a.
	DIRECTOR Robert A. 57 Wisconsin Av				e	D BY REGISTRAR 2Sb. I	REGISTRAR'S SIG	les Judge

ting physician and campletely filled in by the funeral then please remave carban papers. Pages 1 and 2 femoval, and in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached far use as the burial-transit permit. The shauld be filed with the State Dept. af Health priar ta burial, crematian, of terms

VR A15 (4) 20 M 1/66

	The second secon	
	@2011.0237	72
		(insper) and the
	- 2000 - 1000	
	antifet sure	
	ENF (20 . S. 172	And the state of the
	201100 1000	
	nuoritati i	entitet
, , , , ,	COLOR HAND AND	
	מים, נהבונה, ביוון	
	en entre de la companion de la	
		Man and the Wall was
,		
Diverge of action of		The same of the same of the
	media total form	
		Transport in States 1984 of the States of th

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	4	3	3	1
			11	

CERTIFICATE OF DEATH

14331

	PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceased lived, if institution	n: Residence before odmission)
	o. COUNTY	MARYLAND	Q-STATE	b. COUNTY	
	b. CITY OR TOWN (If autside carporate limits,	c. LENGTH OF STAY IN 16	CITY OR TOWN IN and	e corporate limits, write RURA	
	write RURAL and give nearest tawn)	C. LENGTH OF STAT IN 10	C. CITY OK TOWN (IT during	le corporare limits, write KUKA	L and give nearest tawn)
-	Takema Park	2 days	Washingto	*A	473
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I	naspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
4	Jashington Sanitario	un and Thospiral	614 Ridge	Rd. S.E.	ON A FARM? YES NO
	NAME OF First DECEASED (Type or print)	Middle Norman C	Last	DATE Month OF DEATH	Day Year 1966
S.	SEX 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED	8. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
1	male white w	TIDOWED DIVORCED	1-14-92	last birthday)	Manths Days Hours Min.
	i. USUAL OCCUPATION (Give kind af wark done ing mast of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	,	12. CITIZEN OF WHAT COUNTRY?
10	Civil Service		Maryla	nd	454
13.	FATHER'S NAME	Coltan	14. MOTHER'S MAIDEN NAM	1000 P. 1	Palabay
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	e.141144
(Ye	es, no, or unknown) (If yes give war or dotes of serv	ice)	espital Res	cords	/
	18. CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY:	r line far (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Coronary oc	chision		and hour
	1621 DUE TO	0			more than
	Conditions, if ony, which gove) (b)	- Forchogenic	carcinomo		6 months
	rise to immediate cause (a), DUE TO				
	stoting the underlying couse (c)				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	TON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
18					YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Por	t I or Part II af item 18.)	
3	20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm,	20f. (City or tawn)	(County) (Stote)
WED	Hour o.m.	While Not While fac	tory, street, office bldg., etc.)	Lot. (City of Town)	(coomy) (store)
	. p.m. 19	at wark at wark	1		10// 11 1/0 / 11
	21. I certify that (I) (this haspital saw the deceased alive an O		it death accurred at	M, from causes ar	, 19 <u>66</u> , that (I) (we) last and an the date stated abave
	22a. SIGNATURE				22b. DATE SIGNED
	Charles Thurskap	rules M		D. STAFF PHYS.	Oct. 7, 1966
	22c. PHYSICIAN'S NAME (Type) Charles HR	issi Kepaules m	22d. ADDRESS Tha	me Park	mayland mayland
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town	(Caunty) (State)
	Bremowal (specify) Oct. 10.19	966 St. Joseph	ha	Morganza.	Maryland
	. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D B		STRAR'S SIGNATURE
W		Leonardtown Marul		T 1 1 1966	Marley Judge

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then planse remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

£ 4

with contribution on a series

The state of the s

ID RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Division of STATISTICAL RESEARCH AND RECORDS,

Item 23b Film G3

1.330

1499	9		CEKTIFI	LAIE	OF DEATH			IES.	32		
o. COUNTY MO	ontgomery		MARYLA	ND	2. USUAL RESIDENCE (o. STATE Maryl	and	b. COU	NTY	200	60	in)
b. CITY OR TOWN	(If outside corporate limit	rs,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	utside corpore	ote limits, write RUI	RAL ond giv	re neores	t town)	4
write RURAL ond give nearest town) Bethesda (Rural)			81 days		Hyatts	ville			1	6.3	2
d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in hospitol,	give street oddress)	123	d. STREET ADDRESS					e. IS RESID ON A FA	DENCE ARM?
Nava:	l Hospital				7603 I	nwood	Street			YES 🔲	
NAME OF	F	irst	Middle	150	Lost	4. DATE	Mont	h	Doy	Yea	ar
(Type or print)	Walter		E.	CR	OLL	OF DEATH	October			196	
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		AGE (In years Last birthdoy)	IF UNDER Months	1 YEAR Doys	IF UNDER Hours	24 HRS Min.
Male	Cauc.	WIDOWED	DIVORCED		une 26, 189	2	74 yrs.	Months	Doys	110013	Will.
. USUAL OCCUPATION	N (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County	y & Stote, or fo	reign country)		TIZEN OF		
Muscian	g life, even if retired)	U.S	Navy		Pennsylv	rania	733.510		JUINIK/ I	USA.	
. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		- 173			-
Willia	am Croll	1		4	Sarah M	lumie					
. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	of captical 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT Hyatt	sville	Addre	ess Ma	aryl	and	
Yes	(If yes give wor or dotes	OI ZELAICE)		Mr	s. Charlott	e Cro	11, 7603	Inwoo	od S	treet	5
	DEATH (Enter only one co	use per line for	(o), (b), ond (c).)							ERVAL BET	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Test Published	2		nd oi			UN	SET AND D	LAIH
5271		10 7							200		
Conditions, if on		(b) Ct	ronic Pulmo	nar	v Emphysema			21		=	
rise to immedia		TO							100		
last.)	(c)									
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO 1	THE TERMINAL DISEASE CO	NDITION GIVE	EN IN PART 1(o)		19.	WAS AUTO PERFORME)PSY
Cardia 200. ACCIDENT W OR CONTRIBUTIN	ac Vascular	Accide	nt							ES	NO S
20o. ACCIDENT W OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		ESCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Port I or Por	t II of item 18.)		1		
-	JURY Month, Day, Year	20d. I White	Not While		CE OF INJURY (Home, for ory, street, office bldg., etc.		(City or town)	(Co	ounty)	(:	(Stote)
21. I cert	tify that (X) (this ho	spital) atten	ided the deceosed fi 19 <u>66</u> , ar	om	July 22 , t death accurred a	19 <u>66,</u>	o Oct.] A, from causes	1, 19 ond on	66 th	rat (d) (v	we) la
220. SIGNATUR		In						22b. [ATE SIGN	IED	
	Tolor	to Skill	neway	M.I	D. PHYS.	MED. DIRECTOR	C STAFF PHYS.] 11	Oct	. 196	06
22c. PHYSICIAN NAME (Typ		KINNE			Naval Ho	spita	L. Bethes	da, l	/d.		
3o. BURIAL, CREMAT	ION, 23b. DATE TH	IEREOF	23c. NAME OF CEMETE	RY OR		23d. 10	CATION (City or To	wn)	(County) (5	tote)
REMOVAL (Speci	y) 70/73	3/66	Arlingto				lington,		inia		
24. FUNERAL DIRECT	OR Francis G					D BY REGIST		GISTRAR'S		RE	
			tsville. Mo	1.	DATE O	CT 1	1966	Ocho	ula-	Jud	4.0
		7			1	F 70 1 1	L. IVVV	A	1 3000	200	-

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. physicians and completely filled in by the funeral ion affaces temove carban papers. Pages 1 and avois, and and avois, and any event, within 72 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physi directar, page 3 shauld be detached far use as the burial-transit permit. Then a shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

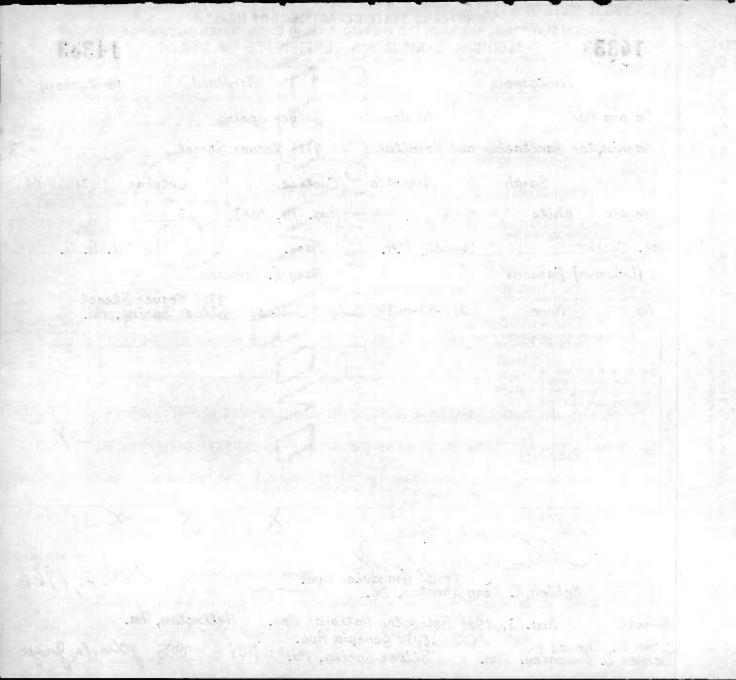
A 4 5 5			14332
	a briegge and		
			the state of the state of
			To Let
	1000		A CHANGE SEE
	says we dita	V/4 7.4	
Sent with	a Condungt bearing		
		Land State County	
	The state of		
Mary Control			
		1992 to	
	1000		THE RESERVE TO SERVE THE RESERVE TO SERVE THE RESERVE
	1 - 10 - 1 - 10 - 1 - 1 - 1 - 1 - 1 - 1		Carlo and American
	1 - 10 - 1 - 10 - 1 - 1 - 1 - 1 - 1 - 1	even in the	Catalon M. Appelling on a
		heli elyapit	
		heli elyapit	Control Application

FOR STATE
HEALTH DEPT.

O DEPUTY MEDI EXAMINER: This certificate should be executed within 24 hours after death. If any delay bessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MED

AL SWE (2)

4	te	ms 18&2:	1 Film 384	MAR	YLAND STATE DE	PARTMENT O	F HEALTH		
		Divis		CAL RESE	ARCH AND RECORDS	S, 301 W. PRESTO	N STREET, BALTIMORE	1, MARYLA	ND
	_	1433	()	EDICAL	EXAMINER'S			1499	3
	1.	PLACE OF DEAT a. COUNTY	44			a STATE	CE (Where deceased lived, If institute of the count of th	Υ 44	/
		b. CITY OR TOW	Montgome (N (If outside corpora		MARYLAND c. LENGTH OF STAY IN 1b	14	Maryland f outside corporate limits, write	Montgo	
		Jakoma J	and give nearest toy	/n)	60 days	Silver S		, , , , , , , , , , , , , , , , , , ,	15.1
				ON (if not in he	ospital, give street address)	d. STREET ADDRESS	process	6	. IS RESIDENCE ON A FARM?
		Washing	ton Sanita	rium and	d Hospital	9315 Wea	ver Street		ES NO X
	3.	NAME OF DECEASED		rst	Middle	Lest	4. DATE Month	Day	Year
	5.	(Type or print)	6. COLOR OR RACE	1	Marietta	Curtiss 8. DATE OF BIRTH	19. AGE (In years III	t 3/	19 66
	0,	Female	White	7. MARRIED WIOOWED			last birthday) N	Ionths Days	Hours Min.
	10a	. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	IND OF BUSINESS OR		883 83 yrs. State or foreign country)	12. CITIZEN	OF WHAT
		et. Cler	ing life, even if retire	-	ndustry pist U.A.	Mass.		COUNTRY	1
	13.	FATHER'S NAM	IE .		onse on	14. MOTHER'S MAI	DEN NAME	· · · · · · · · ·	
			wn) Parsons			Mary E.	Johnson		
	15. (Ye	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates	RCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	9315 Weaver	Street	
d		No	None			ight Curtis	s Silver Spriv	ig. Md.	
			DEATH [Enter only or EATH WAS CAUSED BY IMMEDIATE CAUSE		ine for (a), (b), end (c).] cute massive	nulmonary	embolus		RVAL BETWEEN ET AND DEATH
		465)	P		cure maddive	parmonary	CINOCLUB		
		Conditions, If		(b)				204.01	
	3	gave rise to couse (e), s							
		underlying caus	se last.	(c)					
	MEDICAL CERTIFICATION	PARTII. OTHER	SIGNIFICANT CONDITI	ONS CONTRIBL	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA		WAS AUTOPSY PERFORMED?
2	FICA	20a. EXTERNA	L CAUSE WAS	20b. [DESCRIBE HOW INJURY OCC	URRED. (Enter nature (of injury in Part I or Part II of		s No 🗆
	ERT	PRIMARY OF OF	CONTRIBUTING [1					
	SAL		INJURY Month, Day,	Year 20d. II	NJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, I	farm, 20f. (City or town)	(County)	(State)
	AEDI	Hour e.s		While at work	Not While factor	ory, street, office bldg.,	etc.)		
	-	21. I certif	y that Ltook charg	e of the rem	ains described above, he	ld an Autopsy 💹,	Inspection X, Inquir	y 📈, and	in my opinion
		death result	ted from: Natura	causes 🔀	, Accident _, Su	icide / Homic		nanner 🗌	1
		ACTUAL /	belle	601	lead M	CHIEF MEDICA	AL EXAMINER [] EDICAL EXAMINER []	22.	DATE SIGNED
		SIGNATURE	Carrier .	114	4500 Corandina	W AVEPUTY MEDI		1057	1911
2		EXAMINER'S NAME (Type)	Belden R.	Reap (Vheaton Md.		et, city, town, or county)	00. A	1100
	23a	BURIAL, CREM	MATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, tow		(State)
		urial	Nov. 3	, 1966	Arlington Nat		Arlington, UK	Z. GISTRAR'S SIGN	ATURE
	24	ohn B.	homas	ansta	Com 8 9348 Georg	us rive.		Clarle	
	W	arner E.	Pumphrey,	Ino.	Silver Spr	ing, Md DATE	NOV 4 1966	marcy	Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Items 14334 FOR STATE HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE .COUNTY 2, ond 3 to PM3. Poge 0 deoth. GOM FRY MARYLAND HAMILTO delay ote Deportment b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town ofter RWOOD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours farm NORWOOD CROSS Item 18. Give Poges Office alang with far YES NO DO executed within 24 haurs ofter death. 3. NAME OF First Middle Lost DATE Month Doy Year within 72 DECEASED the (Type or print) DEATH with IF UNDER S. SEX 6. COLOR OR RACE AGE (In veors YEAR IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Dovs Hours WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Ohio d "pending" in pencil in Chief Medical Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eli Carleton Anetta Means pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no or unknown) (If yes give wor or dotes of service) removal, 301-05-6355 RS. ELSIE SOMMER 18. CAUSE OF DEATH (Enter only one couse per line INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (o) This certificate should 4201 cremation, DUF TO Conditions, if ony, which gave 9 rise to immediate couse (a). DUF TO 0 stoting the underlying couse should be forwarded 00 lost. buriol WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? pe agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) Hour o.m. While foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge ot work L ot work pleose execute its designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinion funeral director. death resulted frame Notural causes Suicide Hamicide Undetermined manner retoined CHIEF MEDICAL EXAMINER 22. DATE SIGNED SIGNATURE # TO DEPUTY may be Health or EXAMINER'S NAME (Type) Town or county the 23b. DATE THEREOF OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL, CREMATION (Stote) 0 10/19/66 Rets Haven Memorial Park Bu REMOVAL Green to Cincinnatti, Ohio

Tyson Wheeler Funeral Home-1331 Rockville Pike Rockville, Md.

VR A15ME (5)

250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OCT 18 1966 Johnson Judge

REGISTRAR'S SIGNATUR

2So. REC'D BY REGISTRAR

VR A15ME (5)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14336

CERTIFICATE OF DEATH

14336

7	22000						2000				
1	o. COUNTY Montgome		MARYLAN	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery							
	Bethesda (fural)				c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Bethesda						
	d. NAME OF HOSPITAL OR INSTIT	UTION (If not in haspital, o	give street oddress)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
0	Naval Hospit				10009 Hurst		YES NO NO				
	3. NAME OF DECEASED (Type or print)	First Baby	Middle Boy	1.14	DOLAN	4. DATE Month October					
	S. SEX 6. COLOR C	OR RACE 7. MARRIED WIDOWED	NEVER MARRIED [DIVORCED [oct. 9, 1966	a last hinth day Alastha	Days Hours Min.				
	10a. USUAL OCCUPATION (Give kind of during most of working life, even if re	f work done 10b. KI tired) IN	IND OF BUSINESS OR IDUSTRY/A		11. BIRTHPLACE (County & Bethesda,	State, or foreign country) Montgomery, MD.	UNTRY? USA				
9	13. FATHER'S NAME			l	4. MOTHER'S MAIDEN NA	ME					
	Michael F.	Dolan			Loretta	Ann Young					
	15. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT Bethe	esda, Address M	aryland				
	(Yes, no, or unknown) (If yes give w	A	N/A	Dr.	. Michael F. Dolan, 10009 Hurst St.						
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	SED BY: Gr	(a), (b), and (c).) oss immaturi	ity			INTERVAL BETWEEN ONSET AND DEATH				
	prof prof p	776 × DUE TO									
3	Canditians, if any, which gave										
	rise to immediate couse (a), stating the underlying cause	DUE TO									
	last.	(c)									
2	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATE	D TO THE	TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO				
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	SCRIBE HOW INJURY OCCU	RRED. (En	ter noture of injury in Pa	nt I ar Part II of item 18.)					
	Hour o.m. p.m.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Haur a.m. 20f. (City or tawn) (Cau foctory, street, affice bldg., etc.)									
	21. I certify that (1)	C(this hospital) atten	ded the deceased tro	om <u>Oct</u>	9 , 19	66, to Oct. 9 , 19	66, that (we) last				
		live an Oct.	919.66_, and	d that d	leath accurred at (DIOPM, from causes and an t					
	22a. SIGNATURE)	moleun	no	A.D. ATTENDING MED. STAFF 22b. DATE SIGNED Oct. 12, 1966							
	22c. PHYSICIAN'S NAME (Type) A E	Tompkins,	M. D.		Naval Hos	pital, Bethesda, M	d.				
	REMOVAL (Specify)	Bb. DATE THEREOF LO-12-66	23c. NAME OF CEMETER Calvary Ce			23d. LOCATION (City or Town) New York City,	(County) (State) New York				
	24. FUNERAL DIRECTOR Rober	t A. Pumphr	ey ADDRESS			BY REGISTRAR 2Sb. REGISTRAR'S S					
	Funeral Home, 7	557 Wiscons	in Ave., Bet	these	da, DATE O	CT 13 1956 Jalie	rles Judge				
	1 10 1 2 2 2						1014				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. and campletely filled in by the funeral semave carban papers. Pages 1 and ' n any event, within 72 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican directar, page 3 shauld be detached far use as the burial-transit permit. Then pressy shauld be filed with the State Dept. af Health prior ta burial, cremation, ar remaval, end-Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

191 .

17 - 1 - 1		96-9 12				8641
		4				de la
	former transfer					
				- (1		
					ladinac	
	BED . E . DIO					
A STATE OF AN ACCOUNT.			11/20			
					. , -	
NAME COME COME COME COME COME COME COME CO						
. to devade or , needs of .	Mount N.		Art			
Aleria C. P. July o di						
the profession of the same and the same	and became the					
iter, memera, id.			.11.11.			
The Company of the Co						
		TO PE ST				

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

143	37		CERTIFICAT	E OF DEATH		14337
a. COUNTY		lerv	MARYLAND	2. USUAL RESIDENCE o. STATE		tution: Residence befare admission PUNTY
b. CITY OR TOWI	V (If autside corporate limit		LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	outside carporate limits, write F	RURAL and give nearest town)
Kensin	and give nearest tawn)			Washi	ngton	413
d. NAME OF HOS	PITAL OR INSTITUTION (If n	ot in haspital, give	street oddress)	d. STREET ADDRESS		e. IS RESIDE ON A FAR
Carro	11 Hall Sa	nitariu	ım	3723 Jen	ifer St N	YES N
. NAME OF	F	irst	Middle	Lost	4. DATE MO	anth Day Year
(Type ar print)	Proc	tor	L. Dou	ghertv	DEATH Oct	
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Manths Days Haurs
Male	White	WIDOWED [DIVORCED	July 9.18	73 93 yrs.	Mullins Days Huors
Oa. USUAL OCCUPAT Juring mast af work	ION (Give kind af wark dane ing life, even if retired) E		of BUSINESS OR STRY ired	11. BIRTHPLACE (Count	y & State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAMI		1100		14. MOTHER'S MAIDEN	NAME	
Michae	el A. Daug	hertv		Mary	Elizabeth P	roctor
1S. WAS DECEASED	EVER IN U.S. ARMED FORCES? n) (If yes give wor or dates	16. SOC	IAL SECURITY NO. 17	. INFORMANT		dress
(Tes, no, or orikinow	(II Yes give wor or dures	579	-44-1927	Hospital	Records	
	DEATH (Enter only ane ca	use per line far (a)	, (b), and (c).)		1	INTERVAL BETWO
PART I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Bran	1cho Ano	eimania	, armino	24/1
491	lud, X	10.	Karpin	1 / . 1	(/	7.10
	iny, which gave)	(b) <u>Lea</u>	Lemia,	ympags.	ic caron	1/6 //
	nderlying couse	(1) AN	tenioso	lerosis	generali	sed loyrs
PART II. OTHER	R SIGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(0)	19. WAS AUTON PERFORMEN YES N
OR CONTRIBUT	WAS UNDERLYING ING CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Port I or Port II of item 18.)	
20c. TIME OF Hour	INJURY Month, Day, Year o.m.	20d. INJU While		PLACE OF INJURY (Home, far octory, street, office bldg., et		(County) (S
21. 1 ce	rtify that (1) (this ha	spitol) ottende	d the deceased from	,	1950, to OCT	5_, 1966, that (I) (*
	deceased alive an		1966, and t	hat death occurred o	at 5140 M, fram couse	es ond on the date stated
22a. SIGNATU	Pewal (elofeld	W.D.	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 10.15-66
22c. PHYSICIA NAME (T		art C	Japp MI	22d ADDRESS 4740C	hevyChasi	eDn Cheryd
23a. BURIAL, CREM	ATION, 23b. DATE T	HEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (City or	
Cremat:	$\frac{\text{ton}}{\text{ton}} = \frac{10}{16}$	/66	Lees Crema	torv	Washingto	on D.C.
24. FUNERAL DIRE	CTOR		ADDRESS	2So. RE		REGISTRAR'S SIGNATURE
J. Wm.	Lees Sons		Washington	D. C DATE	OCT 18 198	of marces for

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2—shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after death **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

4.66 r's the state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Item #23c Film #6382 11 166 pc CERTIFICATE OF DEATH 11,220

22	1	7.30	00		CERTI	LICAL	OI DEATH			1 4 5 6		
and 2 death	/ [1	. PLACE OF DEA	ТН				2. USUAL RESIDENCE (Where deceas			before odmi	ssion)
by the funeral Poges 1 and nours after death		o. COUNTY	Montgomery		MA	RYLAND	o. STATE	yland	b. COU	NTY	771	V
ges 1	1	b. CITY OR TOV	/N (If autside carparate limi	ts,	c. LENGTH OF STAY		c. CITY OR TOWN (If ou		ite limits, write RU	IRAL ond give n	eorest town)
25	1	write RURA	and give nearest town) esda (rural)		1 day					3	10	9
	-		SPITAL OR INSTITUTION (If n	at in hasnital			Lexingt d. STREET ADDRESS	on Pal	TK.	_	10 21 0	SIDENCE
2	16			iai iii naspirai,	give sileer dudiess)						ON A	FARM?
10X	- 10		l Hospital				9 Coral				YES [
-	3	DECEASED		irst	Middle		Last	4. DATE OF	Man	th	Day	Year
1		(Type or print)	Ja	4		Duber		DEATH	Oct		1	86
	2	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI		8. DATE OF BIRTH		. AGE (In years last birthday)	Months D		
		Male	Cauc.	WIDOWED	DIVORO	ED 🔲	July 5, 196		yrs.	3 1	ays Hou	TAINTI.
	1	Oa. USUAL OCCUPA	TION (Give kind of work done		IND OF BUSINESS OR	1/1/	11. BIRTHPLACE (County			12. CITIZI COUN	N OF WHAT	
	,	Nor Al wor	king life, even if retired)	I	ADD ATRY		Patuxen	t Rive	er, Md.	COON	IK7 f	USA
		3. FATHER'S NAM	E				14. MOTHER'S MAIDEN	NAME		-11	Harley X	
		Rich	ard C DUBERT				Bonni	e Lee	MEKUS			
		IS. WAS DECEASED	EVER IN U.S. ARMED FORCES	16.	SOCIAL SECURITY NO.	17.	INFORMANT Pa	rk. Mo	Addr	ess		
		(Yes, no, or working)	vn) (If yes give war or dates	of service)	N/A	100	Richard C.			al Pl.T	exino	ton
	=		F DEATH (Enter only one co			117			, ,		INTERVAL	
			DEATH WAS CALISED BY	D		Ous e	ntrocolitis	with	fibro		ONSET AN	D DEATH
		57	IMMEDIATE CAUSE		ourulent p			11 2 0 12	11010		TO V	755
		Canditians, if	any, which gave	(b)	our different p	01100	,ILLO TO					
	-1	rise to imme	diote couse (o),	TO		-	A					
		last.	nderlying couse	(c)								
		PART II OTHE	R SIGNIFICANT CONDITIONS		TO DEATH RUT NOT R	FLATED TO	THE TERMINAL DISEASE CON	IDITION GIVE	N IN PART I(a)		19 WAS A	IITOPSY
	2			CONTRIBUTION	TO DEMINI		THE TERMINAL DISEASE CO.	TOTAL OTTE	in in take to		19. WAS A PERFO	RMED?
0	~ 3	200 ACCIDENT	WAS UNDERLYING	1 20h D	ESCUIRE HOW INTIDA	OCCUPPED	(Enter nature of injury in	Part 1 or Par	t II of itom 18)		I IC2XCXI	МО
	Top	OR CONTRIBU	ING CAUSE OF DEATH	205, 0	LOCKIDE (1044 INJOK)	OCCURRED.	(Lines halose of injury in	ruii i ui rui	i ii di nem 10.j			
	3	(IF EITHER, NO	TIFY MEDICAL EXAMINER)	204 1	NJURY OCCURRED	1 20° DIA	CE OF INJURY (Home, form	, 20f.	(City or town)	(Count	.)	(State)
	MEDICAL	Hou	INJURY Manth, Day, Year o.m.	While			tary, street, affice bldg., etc.)		(City di town)	(COUNT	7)	(21016)
			p.m. 19	ot wor		<u> </u>	A 1 2 2 2					
		21. 10	ertify that 幼 (this ha	spital) atten	ided the decease	d fram_	UCT. 16,	9_66,1	a Oct 10	o, 19 <u>_6</u>	(A)	(we) last
			deceased alive an_	UCT	19.66	ana tha	t death accurred at	_810An	1, fram causes			led abave.
		22o. SIGNAT	JKE (1			ATTENDING	MED.	STAFF PHYS.	22b. DATE	17, 19	266
		22c. PHYSICI	With Street	1 00		M.	D. PHYS. L	DIRECTOR	PHYS.	71000.	119 1	900
		NAME (Tomas	sovic, M.D			enite?	Potho	aa Ma		
Ŋ,	-		ocity o				Naval Ho					
+	2	30. BURIAL, CREM	ATION, 23b. DATE THE		23c. NAME OF GE	STOP OF	CREMATORY Cem.	23d. LO	CATION (City or To		ounty)	(State)
L					/ PE / Ma	FY/8/	Cemetery Cem	Dut	kirk, N		IATUDE	
			CTOR Robert A.		.e.h. WANKER		IVIQ . ZSG. KECI	BI KERIZIE		EGISTRAR'S SIGN		100
		runera	1 Home, 7557	Wiscor	isin Ave.	Bethe	sda/ DATE U	CT 2 (1966	* may	LED YELL	096

THE CHAPTER IN COURSE PROPERTY OF THE PARTY PE' : H THE STATE OF STREET STREET, STREET STREET, STR SECURITY OF THE SECURITY OF TH Anthony St., will have part 1987 a contributions.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE P.M.3. Page delay is

pages 1 and 2 with the Stote Department of in any event within 72 hours after death. T-FIE

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office along with form PM3. Page Health or its designoted ogent, prior to burial, cremotion, or removal, and 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permi

This certificate should be executed within 24 hours ofter death. If

TO DEPUTY MEDICAL EXAMINER:

14339

EDICAL EXAMINER'S	CERTIFICATE	OF DEATH
-------------------	-------------	----------

14339

	PLACE OF DEATH			here deceased lived, if institutio		odmission)
	o. COUNTY Moint 90 mer y	RYLAND	o. STATE	ruland b. COUNT	Montg	merch
	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STA'		c. CITY OR TOWN (If out	side torporate limits, write RURA	L and give nearest	tawn)
12.,	wite RURAL and give nearest tawn)		Rural. C	serman for	WD.	1.5-1
TY	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)		d. STREET ADDRESS		e.	IS RESIDENCE
	Snyders. Trailer Haven.		Snyders	Trailer HA	Ven. Y	ON A FARM?
3.	NAME OF First Middle DECEASED (Type or pint) Lawerence -		EGE-	4. DATE Month OF DEATH	21	Year
S.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARR	IED 1	B. DATE OF BIRTH .	9. AGE (In years		IF UNDER 24 HRS.
	W - WIDOWED DIVORC	ED 🗆	July 19.1	916 last birthdoy)	Months Doys	Hours Min.
100	. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR		11. BIRTHPLACE (Stote		12. CITIZEN OF	WHAT
dur	ing most of working life, even if retired) INDUSTRY		Washing	ton. Dc.	U COUNTRY?	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
	Lewis Ege		Helen J	ohn son		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO.	17. I	NFORMANT	Addres	S	
(10	No (If yes give wor or dates of service) 231–18–960	2	Mary Loy Eg	e. As #2		
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)					RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COSON	145	LOSUSFIC	ency DRUT	- S	T AND DEATH
	4 20 1 DUE TO	,				
	Conditions, if ony, which gove rise to immediate couse (o),					
	stoting the underlying couse DUE TO					
	lost. (c)					
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. V	WAS AUTOPSY PERFORMED? NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐	OCCURRED.	Enter noture of injury in P	ort I or Port II of item 18.)		
AL C	CAUSE OF DEATH.	00 014	T OF INJURY (II	1 000 163 1-	16	(5) + 3
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED While of work at work		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
	21. I certify that I taak charge af the remains described	abave, he	ld an Autapsy 🗍,	Inspection 🔼 Inqui	ry 💢 and	in my apinian
	death resulted fram: Natural causes 🔼 , Accident 🗌	, Suici	de , Hamicide	Undetermined ma	nner	
	0 0		CHIEF MEDICAL I	EXAMINER		
	SIGNATURE John G. Bell-		M.D. ASSISTANT MEDI	CAL EXAMINER		. DATE SIGNED
	EXAMINER'S NAME (Type) John G. Ball			L EXAMINER (/ O/ city, town, or county)	21/66	•
230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE	METERY OR (REMATORY	23d. LOCATION (City or Tow	n) (County)	(Stote)
	Buribal 10-25-66 Massau	itten		Woodstock		Va,
24	FUNERAL DIRECTOR DUNCH & Jack and ADDRESS			BY REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE	
1	Fraget C Contney Coithonghung	Ma	DATE O	CT 2.5 1966 8	Marces	1 1

VR A15ME (5) 6M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

1	14341	CERTIFICATE	OF DEATH	14.	342
X	o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Mary Lung		sidence before odmission) Iontgomery
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 20 days		de corporote limits, write RURAL ond	Spring 15.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in he washington San.	ospitol, give street oddress) Hospa	d. STREET ADDRESS	308 Colston Dry	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) Thin ie	Barton Ela	ler	DEATH Month	Doγ Year 3 1966
	Female white w	DOWED DIVORCED	4-3-91	last birthdoy) Mant	
1	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME U Harry Mankin	V cocial escupity no. 137 H	14. MOTHER'S MAIDEN NAM	N L	
	1S. WAS DECEASED EVER IN U.S. ARMÉD FORCES? (Yes, no, or unknown) (If yes give wor ar dates of serving)	213-50-43/1 7	red record	's W. SH.	LIVED VIA DETVICE
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Clebe 6 22	ary ary arter	y Colucio	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove nise to immediate cause (a),	Jacanary a	elety alk	erosoleres	of The
	lost. (c)	DUTING TO DESTU BUT NOT BELATED TO T	HE TERMINAL DISEASE CONDI	TION CIVEN IN DADT 1/a)	19. WAS AUTOPSY
2	A STATE OF THE STA				PERFORMED? YES NO
		205. DESCRIBE HOW INJURY OCCURRED. (20d. INJURY OCCURRED 20e, PLAC	E OF INJURY (Hame, farm,	20f. (City or lawn)	(County) (Stote)
	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19	While Not While facto	ory, street, office bldg., etc.)		
	21. I certify that (I) (this hospital) saw the deceosed alive on 3	October 19 6 c and that	deoth occurred of 3		on the date stoted above
	Morrill C.	runnam fr M.D	1 224 ADDDESS	ED. STAFF PHYS. D	0-4-66
-	NAME (Type) MORRILL C 230. BURIAL CREMATION. 23b. DATE THEREOF	ZUINNAM /		Lvd. Silverespren 23d. LOCATION (City or Town)	(County) (State)
-	PEMOVAL (Specify)	66 Congression	AL CEMI	Washington	D. C.
1	Joseph CAWLERS SONS	5130 WISCONSIN	AVE NOT DATE OCT		when Ourse

5130 WISCONSIN AT WASHINGTON D.C

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar ta burial, crematian, are effected, and in any event, within 72 haurs after death-**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

and a beginning comparation to the property of the comparation of the · SECTION OF MANY TO STANFARD A 2.0 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14340 CERTIFICATE OF DEATH by the funeral Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY OMERY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) vithin 72 haurs IS RESIDENCE ON A FARM? campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in_haspital, give street address) d. STREET ADDRESS YES NO NO 3. NAME OF pan First Middle Last 4 DATE Day Year DECEASED (Type or print) 19 6 DEATH carl 8. DATE OF BIRTH IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave last birthday) Manths Haurs any DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) = during most of working life, even if retired) INDUSTRY HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, hd LOUIS KOENICK UNKNOWN attending permit. The 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war ar dates of service a crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO far use as the b f Health prior tab stating the underlying cause has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS)
PERFORMED? CERTIFICATION MELZITUS NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, office bldg., etc.) Nat While State 21. I certify that (1) (this haspital) attended the deceased fram. 0 2 19 66, and that death accurred at saw the deceased alive an P. M. fram causes and an the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF M.D. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) EMPHOTS IN THE 10-5-66 BNAI ISRAEL CEMETERY OXON MARYLAND

ADDRESS

ANZANSKY & SONS WASHINGTON DC

2Sa. REC'D BY REGISTRAR

2Sb.

1866

REGISTRAR'S SIGNATURE

Charles

requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL Page 4 may b

AND RESIDENCE		ે હ જોઈ કે કુ પ્	
	Virgini		
		- 16 25	
A STATE OF THE STA			
St. Late Committee of the Committee of t			

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1434	12	I G.E.	CERTIF	ICATE	OF DEATH				14:	241	014
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceos			ice before	domission)
o. COUNTY MC	ontgomery		MARYI	LAND	o. STATE Via	rginia	b. CO U	INTA		V	
b. CITY OR TOWN	(If outside corporate limi	ts,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If au		ite limits, write RL	JRAL and giv	e neoresi	t tawn)	
Write RURAL of Bethes	nd give nearest tawn)		10 Days		Arling		, , , , , , , , , , , , , , , , , , , ,			7 7	
	SUA ITAL OR INSTITUTION (IF r	at in Lauriani			d. STREET ADDRESS	3 0011			-	e. IS RESIDE	NCE
			,			201	Territoria de			ON A FAR	RM?
	val Hospital	L, Beth		land	421 North N	lonroe	Street		1	YES N	10 K
NAME OF DECEASED	A	irst	Middle		Last	4. DATE OF	Mor	ıth	Doy	Year	
(Type or print)	Sa	andra	Louise		ELIOT	DEATH	Octob	er	15	19 6	6
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	XX	B. DATE OF BIRTH	9	. AGE (In years	IF UNDER		IF UNDER	
Female	Cauc	WIDOWED			30 May 195	52	lost birthday) 14 yrs.	Manths	Days	Hours	Min.
	ON (Give kind af wark dane		IND OF BUSINESS OR		11. BIRTHPLACE (County	& State, ar fo	reign country)		TIZEN OF	WHAT	
ring most of workin Student	ig life, even if retired)		N/A		Monteres	r Cal	ifornia		UNTRY?		
B. FATHER'S NAME		100	11/11		14. MOTHER'S MAIDEN		11011110		OLLI	-	
Joe El	TOM			107	Luz Goer	20.00					
S. WAS DECEASED F	VER IN ILS ARMED FORCES	2 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT	laga	421 118	1955L 2 1/200	02020	~ C+	
Yes, no, or unknown	(If yes give war ar dotes	of service)				NT /**CINT					•
N/A	DEATH (Enter only one co			100	ELIOT, CAI	STA OPIN	Arling	cton,		RVAL BETW	
Conditions, if or rise to immediate stoting the unclast.	ny, which gove ate cause (a),	E TO (b)E TO (c)									
PART II. OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(a)			WAS AUTOF PERFORMENTS N	
OR CONTRIBUTION	AS UNDERLYING ☐ IG ☐ CAUSE OF DEATH BY MEDICAL EXAMINER)	20b. D	ESCRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Port I or Por	t II of item 1B.)				•
	o.m. 19	While at war	Not While at work	fact	CE OF INJURY (Hame, farmary, street, affice bldg., etc.))	(City or town)		unty)		tote)
saw the	deceased olive an_	spital) atter 15 Oct	ober 19 66, o	from and that	October , l death occurred at	19.66. t 541PM	o <u>15 Octo</u> 1, fram causes	ober19	66, th	at (IX (w e stated	e) la abav
220. SIGNATUR	edin S. C	ottorn	au	л.м.	ATTENDING D	MED. DIRECTOR	STAFF PHYS.		Octo	ober	106
22c. PHYSICIAN NAME (Typ	l'S		MAN, LCDR MC		22d. ADDRESS						
23a. BURIAL, CREMAT REMOVAL (Speci			23c. NAME OF CEMEN			23d. 10	CATION (City or To	own)	(County)	(Sto	
Burial 24 FUNERAL DIRECT	Robert A	201	Tremposter V.	7 7	OC. DEC'I	D BY REGISTR	AR 255 P	EGISTRAR'S	SIGNATUR	F	
Pumphrey	Funeral Ho	ome Be	thesda, M	ary			1966	Pelia	res	Juda	2

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

1267 And the second reports to refer to the second secon The state of the second st MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14343 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY MONTGOMERY MARYLAND MARYIAND b. CITY OR TOWN (If outside carparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town? BETHESDA-SILVER SPRING SILVER SPRING E OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)

THESDA
LVER SPRING NURSING HOME e. IS RESIDENCE ON A FARM? d STREET ADDRESS 8207 GRUBB ROAD YES NO NAME OF Middle 4. DATE Month First Lost Doy Year DECEASED OCTOBER 1966 EVA ETELSON 19 (Type or print) DEATH AGE (In years IF UNDER IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdov) Dovs Hours WIDOWED X DIVORCED FEMALE 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar foreign country) during most of warking life, even if retired) INDUSTRY COUNTRY? USA HOUSEWITEE AT HOME LITHUANTA

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ABBA POSNER SHANA RTVA 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address TAKOMA PARK, MD. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na. ar unknown) (If yes give war or dates of service RENA BECKER MAPLE AVENUE INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH NEUMONIA IMMEDIATE CAUSE (a) DUE TO EREBRAL THROMBOSIS Canditians, if ony, which gave rise to immediate cause (o). DUE TO stating the underlying couse last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO K 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER WFDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. foctory, street, office bldg., etc.) Nat While at work at wark 21. I certify that (1) (this hospital) attended the deceased fram AP 19.66, and that death accurred at 430 M, fram causes and an the date stated above. saw the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE MED. DIRECTOR PHYS PHYS 22d. ADDRESS 22c PHYSICIAN'S 2390 GLEMMONT NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) 10/5/66 BNAI ISRAEI BALTIMORE MARYLAND 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR

DATE

LEVINSON & BROS. INC. 6010 REISTERSTOWN

executed within 24 hours after death. death. funeral pup completely filled in within, carban remave any puc requires that the death certificate be 9 Sienon and remaval, phy 0 crematian, the signed by the burial-transit p burial, cremati þ attending physician. as the has been this certificate the hospital or Dept. of detached TO FUNERAL DIRECTOR: After be retained with 1 director, page shauld be filed

 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14344

CERTIFICATE OF DEATH

14344

				,
		PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residen o. STATE b. COUNTY	ce before odmission)
		11/on T gamenly MARYLAND	ma, Th	ent, Co.
	1	b. CITY OR TOWN (If outside corporate limits write RURAL and give regulations)	c. CITY OR TOWN (If gutside corparate limits, write RURAL and give	e nearest tawn)
		d. NAME OF HOSPITAL OR INSTITUTION (If nat, in haspital, give street address)	d STREET ADDRESS	e. IS RESIDENCE
0	(1. NAME OF HOSPITAL OK INSTITUTION (IT NOT/IN HOSPITAL, GIVE SITEEL ODDIESS)	630 7- Winkorp Bu	ON A FARM? YES NO
	3.	Day Year		
		DECEASED (Type or print) JOAN K, FE	arrar DEATH Oct	14 1966
	S. 5	A STATE OF THE PROPERTY OF THE	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER Manths	Days Haurs Min.
	1	emure walle	6/23/22 4/ yrs.	MATERIA OF MAINT
1	duri	. USUAL OCCUPATION (Give kind af wark dane ing most af warking lite, even if retired) INDUSTRY		TIZEN OF WHAT UNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Lolen R. Farrar	Ko bert 2 Becker	-,
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address	
	(16	rs, na, ar unknawn) (If yes give war ar dotes of service) unknown Mr	s. Roberta B. Farrar. Mot	her
	H	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)		INTERVAL BETWEEN
			ARREST	ONSET AND DEATH
		27/0 DUE TO		
		Conditions, if any, which gave) (b) HIPER Dar	- TuyRock coin	5. 1 Eu 52
		rise to immediate couse (a), DUE TO		-0
		stoting the underlying cause (c) Paratuya	oil Alenoma	3. 13. 540
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
2	ATIO	BRONCHORNERMON	16	YES NO
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING ☐ CAUSE OF DEATH	(Enter nature of injury in Part I ar Part II af item 1B.)	
	AL C	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INIURY Manth. Doy. Yeor 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (Col	unty) (State)
	MEDICAL		lary, street, office bldg., etc.)	(State)
			1616 19 65 to 1017 15	G. that (1) (we) las
		21. I certify that (I) (this haspital) attended the deceased fram_saw the deceased alive anio(14196, and that	t death accurred at 2 M, fram causes and an t	he date stated above
		22a. SIGNATURE	22b. D.	ATE SIGNED
		Zdgaath 7 Esii MI	D. PHYS. DIRECTOR DIR	114166
		22c. PHYSICIAN'S		gracient.
		NAME (Type) EDGAR H. LEVIN	8718 Wisconsin H.	Jr
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
		Burial Oct 18,1966 Greenwood	Cemetery Brooklyn, New	York
	24	FUNERAL DIRECTOR OS eph Gawler's Sons. Wash.		IGNATURE
		ATTEL S DONE MASH.	DC OCT 10 10CC //Clip	relas Judal

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, of forms yal, and in any event, within 72 hours after deafth. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital or attending physician.

HIS NO AND TRACK TO

3

VR A15ME (5) 1

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14345	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	14345
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution:	
	o. COUNTY . Mont gom.	er of - MARYLAND	o. STATE Maryland, b. COUNTY	Montgomerg
Г	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carparate limits, write RURAL	and give nearest town)
L	Rural Domascu		NUTAL Damascus-	15.1
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
L	Proute B- MTA	119. Dewy Brown to	m. Koute-3.MFAII9. De	WY X YES NO
3.	NAME OF DECEASED (Type or print) Walt	Middle Custer	Fawsett 4. DATE OF DEATH COR-	19 19 66.
S.	SEX 6. COLOR OR RACE 7	V. MARRIED NEVER MARRIED WIDOWED DIVORCED		FUNDER 1 YEAR 1F UNDER 24 HRS. Months Doys Hours Min.
	o. USUAL OCCUPATION (Give kind of work done tring most of working life, even if retired) Cattle Dealer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ı	Howard C. Fawset	t	Elizabeth William	S
1	S. WAS DECEASED EVER IN U.S. ARMED FORCES?	Vanisa	INFORMANT Address	
1	(If yes give wor or dotes of s	M:	iss Elizabeth Fawsett, Si	lver Spring, Md
	18. CAUSE OF DEATH (Enter only one couse PART 1. DEATH WAS CAUSED BY:	per line for (o), (b), ond (c).)	insufficency Acete	INTERVAL BETWEEN ONSET AND DEATH
	14 20 / IMMEDIATE CAUSE (o)			
	Conditions, if ony, which gove) (b)			
ı	rise to immediate couse (a), Stating the underlying couse	1	-	
	lost. (c)			
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO) THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or Port II of item 18.)	
MFDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. — p.m. 19		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (Stote)
L	21. I certify that I taak charge	af the remains described abave, h	neld an Autapsy 🔲 , 🛮 Inspection 💢 🗡 Inquir	y 💢, and in my apinian
	death resulted fram: Natural	causes 💢 , Accident 🔲 , Sui	icide 🔲, Hamicide 🔲, Undetermined man	ner 🗌
	ACTUAL O D O	0 11	CHIEF MEDICAL EXAMINER	4 22. DATE SIGNED
	SIGNATURE John	1-133/1	M.D. ASSISTANT MEDICAL EXAMINER	19 16 22. DATE SIGNED
	EXAMINER'S NAME (Type) John G.	Ball, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, of county) Ret.	nesda. Md.
2	Bo. BURIAL CREMATION. 23b. DATE THERE		2002	
	REMOVAL (Specify) Burial Oct. 22,			
	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGIS	TRAR'S SIGNATURE
	Olin L. Moleswort	h, Damascus, Md.	DATE OCT 2 4 1966 &	liarles Judge

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14346

FOR STATE HEALTH DEPT.

pages 1 and 2 with the State Department of

necessory, please execute the certificate, writing the word "pending" in pencifunitim 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

This certificate should be executed within 24 hours after death. If

TO DEPUTY MEDICAL EXAMINER:

Health or its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File

delay is

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14246

			12020	
		PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission b. COUNTY	7
		MARYLAND	Illa Mont. C	9.
		b. CITY OR TOWN (If outside conforate limits, write RURAL and give negress own)	c. CITY OR TOWN (If outside carparate limits, write RUBAL and give nearest town)	
	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	NCF
0		S'u burbace	ON A FAR	
	- 1	NAME OF DECEASED (Type or print) The Little Little Herri	Losy 4. DATE Month Doy Year OF DEATH 19 C	1.6
	S. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 2	4 HRS. Min.
	1000	USUAL OCCUPATION CONTROL WIDOWED DIVORCED DIVORCED	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT	
1		. USUAL OCCUPATION (Give kind of wark done information of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	0
	13.	FATHER'S NAME,	14. MOTHER'S MAIDEN NAME	
		Abraham Jehacker	Frank Wagner	
		100	NFORMANT Address SE	70
		is, no, or unknown) (it yes give war or agins of service) 230-48-957	Lew Jell herr Hoze	ne
		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	The same the same A same and interval between	
		477	T.hrom. to sis Acute ONSE AND DEA	_
		Conditions, if ony, which gove) (b) Carelio Ves	Eular Diserse- Years.	
		rise to immediate couse (o), stating the underlying couse DUE TO		100
		lost. (c)		
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO T	PERFORMED	
	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY 🗆 or CONTRIBUTING 🗆 CAUSE OF DEATH.	(Enter noture of injury in Port I or Port II of item 1B.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, form, pry, street, office bldg., etc.) 20f. (City or town) (County) (Sto	ote)
		21. I certify that I taak charge af the remains described above, he	ld an Autapsy 🔲 , Inspectian 🔀 , Inquiry 🔯 , and in my ap	inion
		A-A	ide, Hamicide, Undetermined manner	
		ACTUAL SIGNATURE John S. Ball	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 10/5/66 22. DATE SIGN DEPUTY MEDICAL EXAMINER 23. DATE SIGN DEPUTY MEDICAL EXAMINER 24. DATE SIGN DEPUTY MEDICAL EXAMINER 25. DATE SIGN DEPUTY MEDICAL EXAMINER 26. DATE SIGN DEPUTY MEDICAL EXAMINER 27. DATE SIGN DEPUTY MEDICAL EXAMINER 28. DATE SIGN DEPUTY MEDICAL EXAMINER 29. DATE SIGN DEPUTY MEDICAL EXAMINER 29. DATE SIGN DEPUTY MEDICAL EXAMINER 20. DATE SIGN DEPUTY MEDICAL EX	GNED
2		EXAMINER'S NAME (Type) OHN. G. BALL	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	
	230	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR OF CE		e)
	24	FUNERAL DIRECTOR ADDRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	
	9	ONDAFFE TUNFER STAME 421790000	WW DATE OCT 7' 1956 Milanda O.	

VR A15ME (5) 6M 1/66

5 moy be retoined for your files.

1	Division of STATISTICA	AL RESEARCH AND RECORDS, 301	W. PRESTON STREET, BALT	IMORE, MARYLAND 21	201
)	14347	CERTIFICATE	OF DEATH		14347
	1. PLACE OF DEATH a. COUNTY Montgomer	MARYLAND	a. STATE March	ased lived, if institution: Reside b. COUNTY	nce, before odmissian)
	b. CITY OR TOWN (If outside constrate limits, write RURAL and elve nearest town)	c. LENGTH OF STAY IN 16 7 days	c. CITY OR TOWN (If outside corpor	ote limits, write RURAL and give	ve neorestown)
0	d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospital, give street address)	d. STREET ADDRESS	her St	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle 7	erbes 4. DATE OF DEATH	Manth Oct.	Day Year 3/ 19 6 6
		MARRIED NEVER MARRIED 5	5-26/84	9. AGE (In years last birthday) 82 yrs.	R 1 YEAR IF UNDER 24 HR Doys Hours Min
	10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or f		OUNTRY? 4.5/
	13. FATHER'S NAME	W-Goldman	14. MOTHER'S MAIDEN NAME	wind	y
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor ar dotes of ser	vice) 16. SOCIAL SECURITY NO. 17. II	NFORMANT /	acards	
	18. CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	er line for (a), (b), and (c).)			INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove)	Consisten	e tailee	re	was
	rise to immediate cause (a), stoting the underlying couse lost.	ASHD	U		blar
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	RIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(0)	WAS AUTOPSY PERFORMED! YES A NO
	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OCAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	201 DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in Port I or Po	rt II af item 18.)	
	20c. TIME OF INJURY Month, Day, Year Hour a.m.		E OF INJURY (Home, form, ary, street, affice bldg., etc.)	(City or town) (Co	aunty) (State)

and that death accurred at Q 5 A M, fram causes and

MED. DIRECTOR

0

REC'D BY REGISTRAR

STAFF PHYS.

23d. LOCATION (City or Town)

1966

2Sb.

ATTENDING PHYS.

NAME OF CEMETERY OR CREMATORY

3501-140

23c.

ADDRESS

2 18 22d.

an the date stated, above

(Stote)

22b. DATE SIGNED

(Caunty)

REGISTRAR'S SIGNATURI

21. I certify that (I) (this haspital) attended the deceased fram

DATE THEREOF

saw the deceased alive an

23b.

22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

23 a.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then prese remove carban papers. Pages 1 and 5 should be filed with the State Dept. of Health priar ta burial, crematian, or removal—or in any event, within 72 haurs after death Page 4 may be retained by the haspital ar attending physician.

The state of the

TO CONTRACT CASE THE WASHINGTON

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL DESCADOU AND DECODDS 201 W DESCTON STREET DAITIMORE MADVIAND 21201

		DISIDIE OF STATISTIC	AL RESEARCH AND RECORDS, SUI	W. PRESTON SIREET, E	PALITHORE, MARTLA	ND 21201
(1)		14348	CERTIFICATE			14248
		PLACE OF DEATH 1. COUNTY M DEATH CAN BE AM	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived, if institution b. COUNT	n: Residence befare admission)
		o. CITY OR TOWN (If autside carparate limits/ write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside o	carparate limits, write RURA	L and give nearest tawn)
		Salver Spr I. NAME OF HOSPITAL OR INSTITUTION OF HOSPITAL	in haspiral, give street address)	SILVEY d. STREET ADDRESS	Sprin	9 /5/ I e. IS RESIDENCE
108		Holy Cross	10 sorte L	9037 1	Manchest	ON A FARM? YES NO
		NAME OF First DECEASED Type or print) Ame	Middle Fisch		30	Day Year 6 19 6 6
	S. :	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED B	Sept 22 188	9. AGE (In years last birthday)	IF UNDER 1 YEAR
		USUAL OCCUPATION (Give kind af wark dane ng mast of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State		12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME (Unknown) O'Hallon		14. MOTHER'S MAIDEN NAME Unknown		4 3"
	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s, ng. or unknawn) (If yes give wor or dates af s	16. SOCIAL SECURITY NO. 17. III 220–48–7568 Mr	FORMANT . G. Frederick	017	037 Manchester Filver Spring, Mo
		18. CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cretra alque	I through	oris	INTERVAL BETWEEN ONSET AND DEATH
	1.50	Canditians, if any, which gave nise ta immediate cause (a), stating the underlying cause last.	Lonealyd or	e heard	larlene	scheene yers
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature af injury in Part I	ar Part II af item 1B.)	
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m.		E OF INJURY (Hame, farm, iry, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
		21. I certify that (1) (this haspi	tal) attended the deceased fram_19 G and that	death occurred at //:3	, to 6 OUT	, 19 <u>G</u> , that (I) (we) ta nd an the date stated above
		226. SIGNATURE	Marie M.D	ATTENDING MED.	STAFF	6 od 6
1		22c. PHYSICIAN'S NAME (Type) Frnest	E. Harmon My	1 9301 Cules a	11/0 ROS.1	ber Spring Mid
	23a	BURIAL, CREMATION, PRIMOVALI (Specify) 23b. DATE THERE	23c. NAME OF CEMETERY OR C	rematory 2:	a analan aranan y	New York
	24	FUNERAL DIRECTOR Green Carter Clan	acti 8434 Georgia Av	enue 2Sa. REC'D BY R		STRAR'S SIGNATURE Charley Judge

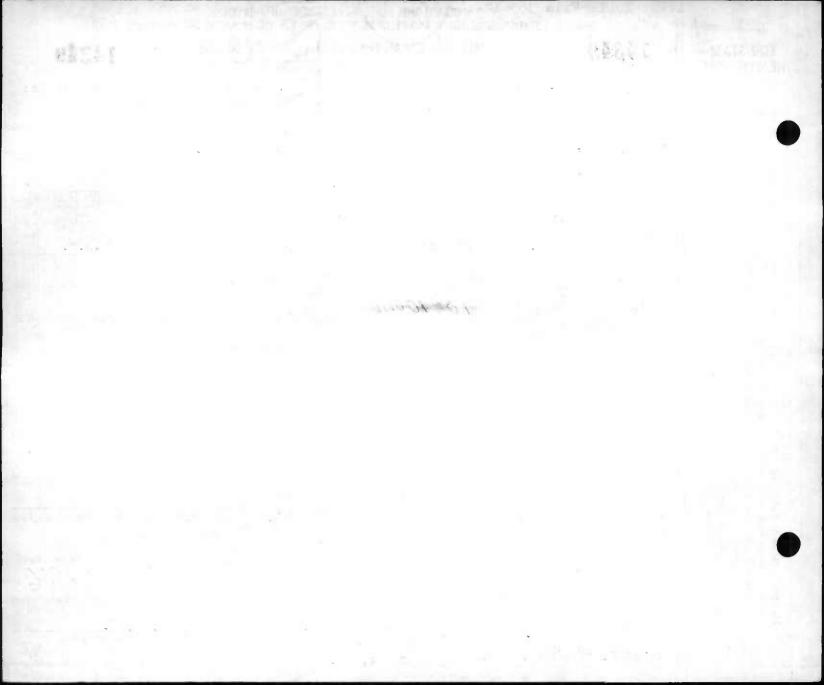
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

73601 15. years played the play and an inches

VR A15ME (5) 6M 1/66

	writer RURAL and give nearest town	DOA.	Hyatte	willo.	16-0				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gir	ve street address)	d. STREET ADDRESS	1	e. IS RESIDENCE				
2	Vash. San + Hasp.	404 Gree	enlaun Dr	ON A FARM? YES NO					
3.	3. NAME OF Lost 4. DATE Month								
	OFFICE ASED (Type or print) HAZEN WILLI	AM FLEE		OF DEATH /O	7 1966				
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YE								
	M WIDOWED DIVORCED 12-30-01 lost birthdoy) Months Days Hours Min.								
		D OF BUSINESS OR	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT				
000	ing most of working life, even if retired)	mber	new y	ock	country?A.				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME					
2	Um. Frederick Heet		Eva G	ullis					
IS. (Y€	as an annulus annul (III) and alive annulus and dates of a surious M	OCIAL SECURITY NO. 17.	informant ife - mad	V. Claire B.	Floet				
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)	the state of the s		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acut	e bilateral	bronchonne	monia	ONSET AND DEATH				
	49/X DUE TO		BA SARVIIO PALO I						
	Conditions, if ony, which gove) (6)								
	rise to immediate couse (a), stoting the underlying couse DUE TO								
	lost. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY								
CATIO	Pulmonary emphysen	na, marked			PERFORMED? YES NO				
1 CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH.	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in F	Part I or Port II of item 1B.)					
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJ Hour o.m. 49 While otwork	Not While for	CE OF INJURY (Home, form, form, street, office bldg., etc.)	, 20f. (City or town)	(County) (State)				
	21. I certify that I taak charge of the rem	ains described above, he	ld an Autapsy 😭;	Inspection 🔭 Inqu	and in my apinian				
	death resulted from Natural causes 🗵	, Accident , Suid	ide 🔲, Hamicide	, Undefermined m	anner 🗌				
	ACTUAL DOOL /	1 Gas	CHIEF MEDICAL	CAL EXAMINER	22. DATE SIGNED				
	SIGNATURE SIGNATURE SAMINER'S BOOK	3 87	M.D. SEPATY MEDICA	- 11 2 - 23	147 1911				
	NAME (Type) 2ELDEN	NEAP	Address (Street,	city, town, or county)	1, 1/100				
230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF COMETERY OR		23d. LOCATION (City or To	wn) (County) (Stote)				
	Burial 10 Oct 1966.	Rock Creek C.	emeteru	Washington.	D. C.				
24	EUNERAL DIRECTOR Collen Cartings	434 Gebraia Au		BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE				
We	arner E. Pumphrey, Inc. Si	lver Spring, 1	1d_ DATE	ICT 13 1956	Milarles Judge.				

Georges



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14350	CERTIFICATE	OF DEATH		14350
	PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	O. STATE MARY	ere deceased lived, if institution: F	Montgomery
	b. CITY OR TOWN (If outside corporate limits, T write RURAL and give nearest town)	c. LENGTH OF STAY IN 16 35 Days.		de corporote limits, write RURAL o	and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in F	iospitol, give street oddress)	d. STREET ADDRESS	/	e. IS RESIDENCE ON A FARM? YES NO
		Middle R	FLOOD	4. DATE Month OF DEATH OCTOR	Doy Year ber 25 1966
S.	MCW	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH - - 0		UNDER 1 YEAR IF UNDER 24 HRS. Onths Doys Hours Min.
duri	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTRY BALBY'S DELICA	11. 8IRTHPLACE (County & S	PA.	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME 5, Flood		14. MOTHER'S MAIDEN NAI	V. Flood	1 10 000
	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of serv		ARY Louise	Kelly Flood &	Phil, PA
	CAUSE OF DEATH (Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove)	Vrenues	al Failer		INTERVAL BETWEEN ONSET AND DEATH
	rise to immediate couse (a), stating the underlying couse (b). DUE TO	Nephroschia	dis		5 years
MEDICAL CERTIFICATION	PART IJ- OTHER SIGNIFICANT CONDITIONS CONTRI 200. DELUPENT WAS UNDERLYING OR ON RIBUTING CAUSE OF DEATH (IFEITHER, NOTIFY MEDICAL EXAMINER)	BUTING O DEATH BUT NOT RELATED TO 2005. DESCRIBE HOW INJURY OCCURRED.	Disease	: Puelous	WAS AUTOPSY PERFORMED? LINE YES NO NO
MEDICA	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspital saw the decepsed glive an) attended the deceased fram_ 1966, and tha	t death occurred at 3		, 19 66 , that (I) (we) las an the date stated abave
	220. SIGNATURE	Macon M.	D. PHYS. 🗖 DI	ED CTACE	22b. DATE SIGNED 10 25/86
	22c. PHYSICIAN'S NAME (Type)		809 Vien	Mill Kd,	Rockville
230	REMOVAL (Specify) 23b. DATE THEREOF	166 My gamer		Philadelph	ha it
24	FUNERAL DIRECTOR CONTINUES	Linea ADORES me	25a RECD B	REGISTRAN 66 25b REGISTE	RAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages I and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after depth TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.

principles of the Minimum Committee of the State of the S

tems 18&21 Film 383 12-1 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14351 MEDICAL EXAMINER'S CERTIFICATE OF DEATH . FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY b COUNTY Maryland P.M.3. Page and 3 to Montgomery State Department of death. MARYLAND delay i b. CITY OR TOWN (If autside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Bethesda (Rural) after Rockville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE hours ON A FARM 1615 Bradley Ave. DOA Naval Hospital. Bethesda. Md. 24 haurs after death. 3. NAME OF Middle 4. DATE Manth DECEASED FORD October 9 Τ. 66 within (Type or print) DEATH with S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Haurs March 10, 1916 Male Cauc WIDOWED DIVORCED event IDa. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USA U.S. Coast Guard Mississippi This certificate shauld be executed within 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown Unknown 17. INFORMANT P.O. Box 635, Rockwille, Md. = 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar, dates of service) permit. removal. 426 01 7043 Mrs. Elizabeth S. Ford, 1615 Bradley Ave. W.W. #2 Yes 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Massive myocardial infarction Б IMMEDIATE CAUSE (o) e, writing the ward farwarded ta the Ch crematian, DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause О burial, c last WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES 🔀 NO 0 pe 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) prior 3 should shauld PRIMARY ar CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 2Dc. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (State) (Caunty) Hour a.m. Not While factory, street, affice bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page at wark its designated 21. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my apinian funeral directar. death resulted from Natural causes & Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health ar i **EXAMINER'S** NAME (Type) DEL

23c. NAME OF CEMETERY OR CREMATORY

Arlington National

23d. LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR OCT

DATE

Arlington, Virginia

23b. DATE THEREOF

10-13-66

24. FUNERAL DIRECTOR Robert A. Pumphrey Fameral Home

7557 Wisconsin Ave. Bethesda, Maryland

VR A15ME (5) 6M 1/66

0

23a. BURIAL, CREMATION

REMOVAL (Specify)
Burial

Pastel Present transfer of the Control of the Contr

The self of the letter of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

DIVISION OF STATIS	STICAL RESEARCH AND RE	CORDS, 301 W.	. PRESTON	STREET, BALT	MORE 1, MARYL	Al
14352	CERTIF	ICATE OF	DEATH		14352	
LACE DF DEATH		2. USU	AL RESIDENCE	(Where deceased lived,	If Institution: Residence	bet

D. CITY OF TOWN (If outside corporate limits, but the property of the property		PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
D. CITY OR TOWN (If outside corporate limits, with the RURAL and give hearest town) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 3. NAME OF GOOD INSTIDUTION (If not in hospital, give street address) 4. STREET ADDRESS M. A. OATE MONth C. CITY OR TOWN (If outside corporate limits, with a continuity of the continuit	10.3	a. COUNTY	
4. NAME OF ORDETAL OR INSTRUCTION (if not in hospital, give street address) ATTICL Wood Land MURSINg Home Dake view of Street ADDRESS A. SAME OF ORDETAS OF THE ORDETA STREET ADDRESS 3. NAME OF ORDETAS OF THE ORDETA STREET ADDRESS 3. NAME OF ORDETAS OF THE ORDETA STREET ADDRESS 3. NAME OF ORDETAS OF THE ORDETAS OF T		b. CITY OR TOWN (If outside corporate limits, 1 c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
A. NAME OF NOSTRAL OR INSTRUCTION (if not in hospital, give street address) A. STREET ADDRESS M. M. STREET ADDRESS M. STREET ADDRESS M. STREET ADDRESS M. STREET ADDRESS M. M. STR	1		8505 SPRINGUALE Rd. SILVER SPRING
ATTHEW Woodland FURSING HOME DAY PES NO. 3. NAME OF OCCLARPY NO. 5. SEX 6. COLOR OR RAGE [7. MARRIED NEVER MARRIED 1. METAL NEVER MARRIED NEVER MARR	2	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OCCASED WILLIAMS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years I FUNDER 194AR) 10. USUAL OCCUPATION (Give kind of work and of 1Db. Kinn OF BUSINESS OR during most of working life, even if retired) 110. USUAL OCCUPATION (Give kind of work and 1Db. Kinn OF BUSINESS OR during most of working life, even if retired) 111. BIRTHPLACE (County & state, or foreign country) 112. CITIZEN OF WHAT 113. WAS DECEASED EVER INLS. ABMED FORCES? 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER INLS. ABMED FORCES? 116. SOCIAL SECURITY ND. 17. INFORMANT 117. INFORMANT 118. CAUSE OF OEATH (Enter only one cause per line for (a), (b), and (c).1 119. DUE TO CONDITION (COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING COUNTRIBUTING CAUSE OF DEATH COUNTRIBUTING CA	AL	They Woodland AURSINGHOME DALEVIEW.	Ma. 15-1 YES□ NO.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In Years IEUNDER 1 YEAR F UNDER 24 HRS. 100. USUAL OCCUPATION (GIVE kind of work done) 10b. KIND OB BUSINESS OR 11b. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! MANAGECRASEO EVER IN U.S. ARMED FORCES? 13. SOCIAL SECURITY ND. 17. INFORMANT 14. MOTHER'S MAIDEN NAME 15. WAS DECRASEO EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY ND. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: 14. MOTHER'S MAIDEN NAME 15. WAS DECRASEO EVER IN U.S. ARMED PROCES? 15. WAS DECRASEO EVER IN U.S. ARMED PROCES? 15. SOCIAL SECURITY ND. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH 18. CAUSE OF DEAT	3.	OECEASED MC 1537	OF The state of th
Termole Window Windowed Divorced Teb 8 1891 Test birthay) Months Days Hours Minnow Minn	-		
DIVDROED JEB 187 35 yrs.	3.	NEVER MARKIED	last birthday) Months Days Hours Min.
AUNDERS SARA	7	WIDOWED DIVERGED	7CD 8, 1881 85 yrs.
14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DEEDERSON OF SETTING TO BE A STATE OF THE SET OF SAME OF	duri	ing most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CTITZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FDRGES? 16. SOCIAL SECURITY ND. 17. INFORMANT 17. INFORMANT Address S.d	13.	PANAGER LAUNDRY Statelling, LAUNDRY	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unlown) (If yes give war or dates of service) 3 2 - 3 - 73 17 M/s. Hazel 7. Michael 96.8 Suttle Lease Ref. 18. CAUSE DF ORATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: (Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO ORATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a) PART II. OTHER SIGNIFICANT ON THE CAUSE OF IN THE CAUSE OF IN THE CAUSE OF IN THE CAUSE OF		DAVID DAVID	545.1 1.1
Conditions, If any, which gave rise to immediate cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PA	15.		INFORMANT Address Sil & md.
18. CAUSE DF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO COURSE ON THE TERMINAL DISEASE CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITIONS CONTRI	(Ye		hu Harol 7 mile 9/05 Sutle le Pel
PART I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year HOUR a.m. 19	-	12 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	
IMMEDIATE CAUSE (a) DUE TO			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS (CITY PER FORMED? PERFORMED? PE			doss.
gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION TO THE TERMINAL D			
Cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PART II. OTHER SIGNIFICANT S 19. WAS AUTOPSY PERFORMED? YES NO 19. WAS AUTOPSY PERFORMED? YES NO			
Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (Feither, NOTIFY MEDICAL EXAMINER) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. (City or town) (State) 20c. Time DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. (City or town) (State) 20c. Time DF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. (City or town) (State) 20c. Time DF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. (City or town) (State) 20c. Time DF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. (City or town) (State) 20c. Time DF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. (City or town) (County) (State) 20c. Time DF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. (City or town) (County) (State) 20c. Time DF INJURY (Home, farm, factory, street, office bidg., etc.) 20c. (City or town) (County) (State) 20c. (City or town) (County) (Co			
2Dc. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While at work at work at work Not While at work Not Whi	м	underlides seves lest	
2Dc. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While at work at work at work Not While at work Not Whi	No	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT REL	
2Dc. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While at work at work at work Not While at work Not Whi	CAT		
2Dc. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While at work at work at work Not While at work Not Whi	E	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HDW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
2Dc. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 Not While at work Not Whil	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21. I certify that (I) (this hospital) attended the deceased from	AL.		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from	100	Hour a.m. While Not While fact	ory, street, office bldg., etc.)
saw the deceased alive on 10/2 1966, and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. PHYS. DIRECTOR PHYS. DIRECTOR PHYS. PHYS. DIRECTOR PHYS. PHYS. DIRECTOR PHYS. PH	×		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
22a. SIGNATURE / ACCEPTAGE M.D. ATTENDING MED. DIRECTOR D		21. I certify that (I) (this hospital) attended the deceased from	
220. PHYSICIAN'S NAME (Type) A, F, THIBABEAU JOIN COLESVILLE RD, SIL. SP. MD.		saw the deceased alive on 10/20 1966, and that	it death occurred at M. from the causes and on the date stated above.
220. ADDRESS NAME (Type) A. F. THIBABEAU 10111 COLESVILLE RD. SIL. SP. MD.		22a. SIGNATURE	ATTENDING - MFD STAFF -
NAME (Type) A. T. THIBABEAU 10111 COLESVILLE ND. SIL. SP. MD.			D. PHYS. DIRECTOR PHYS. / / / / / / / /
		226 PHYSICIAN'S NAME (Type) A. F. THIBABEAU	The state of the s
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	23a	BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER	
REMOVAL (Specify)	1200	BENEOUSE (Consider	
24. FUNERAL DIRECTOR AODRESS A			emercial Tark The Dean Deserte It.
Franci Hoolling 3821-14th, SI Mer. Work, D. C. DATE OCT 28 1966 geleviles Judge	24	Duris 10-29-66 Cas Jawn 114	morey i if the open courtry of

VR A15 (4) 15M 4-64

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

A CONTRACT OF THE PROPERTY OF

the control of the same of the

	14353		CERTIFICATE	OF DEATH		14052
T	PLACE OF DEATH				Where deceased lived, if institution	n. Residence before admission)
ľ	o. COUNTY		Δα Δ	o. STATE	b. COUNT	Υ
	b. CITY OR TOWN (If outside	comprete limits	MARYLAND c. LENGTH OF STAY IN 1b	MA.	utside corporate limits, write RURA	InoNTGOMERY
	write RURAL and give ned	arest town)			Spring	L ond give neorest town
	SILVER SPI d. NAME OF HOSPITAL OR INS	CITUINON (If not in bosn	ital give street address)	d. STREET ADDRESS	-F9	l e. IS RESIDENCE
	HOLY CROS.		noi, give siteer dudiess;		hrider Street	ON A FARM? YES NO A
3	NAME OF	First	Middle	Lost	4. DATE Month	Doy Year
J.	DECEASED (Type or print)	SIGRID	C	FRE4	OF DEATH OCT	26 1966
5.	SEX 6. COLO	R OR RACE 7. MARI		8. DATE OF BIRTH Feb. 25,/	last historiau)	Months Doys Hours Min.
	D. USUAL OCCUPATION (Give kin	d of work done	Ob. KIND OF BUSINESS OR	11. BIRTHPLACE (Count	y & State, or foreign country)	12. CITIZEN OF WHAT
	ring most of working life, even	if retired)	Own Home		8X Sweden	Sweden
	FATHER'S NAME		0	14. MOTHER'S MAIDEN	NAME	
0	Pobou Adolf &	sanbasan Ka	rlsson	Mathilda		
15	Control of the contro		16. SOCIAL SECURITY NO. 17.	INFORMANT	8209 Schrider Silver Spring.	Street
(es, no, or unknown) (If yes give)	vone	None Ko	arl Grey	Silver Spring.	Md.
	18. CAUSE OF DEATH (Ent PART I. DEATH WAS C		e for (o), (b), and (c).)	1	A-	INTERVAL BETWEEN ONSET AND DEATH
		MEDIATE CAUSE (o)	ilule Jas	mealy	00	5-6 400
	5870	DUE TO	1	selmes	hite	5-loups
	Conditions, if ony, which grise to immediate couse	(o), (mone 16	jennep	1000-5	
	stoting the underlying co	USE (c)				
		T CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NUDITION GIVEN IN PART 1/0)	19. WAS AUTOPSY
NO.	TAKI II. OTILK SIONITOAN	CONDITIONS CONTRIBUT	INTO TO DEATH DOT NOT RECEIVED TO	THE TERMINAL DISEASE CO	THE IN TAKE 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	OF DEATH	b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item 18.)	
MEDICAL	2Dc. TIME OF INJURY Mon Hour o.m. p.m.	th, Day, Year 2		CE OF INJURY (Home, for tory, street, office bldg., etc		(County) (Stote)
			ttended the deceased fram_	,	1964, to 10/26	
	saw the deceased		26 and the	t death accurred a	1/2:45 Ny yayn causes a	nd an the date stated above
	220. SIGNATURE	11	01.0	ATTENDING	MED. STAFF	22b. DATE SIGNED
	/pra	Mum.	Sund W	D. PHYS. 22d. ADDRESS	DIRECTOR L PHYS. L	10/24/66
	22c. PHYSICIAN'S NAME (Type)	William D.	And M D		nleeville Rd	Silver Spring, M
00		23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or Tow	
23	o. BURIAL, CREMATION, REMOVAL (Specify)		966 Fort Lincoln			
	DUMALIA	UCL. 24. 1	TOU JUNE LUNGUIN	CEMERERY	I will gevil	Co Cos 11ms

24. FUNERAL DIRECTOR

2So. REC'D BY DATE

2Sb. REGISTRAR'S SIGNATURE 1966

VR A15 (4) 20 M 1/66

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

galage weyll.

Manager and Actaer

Photograph et Sinte Jac - Parking Ogn - year land

Store Coleaville Ma., Sliver Spring, No. Million Dr. Ace, 3LD.

100 - 100 -

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14354 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. commontgomery o. COUNTY Montgomery o STATE Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) write RURAL and give nearest town) 7/5/66 Kensington. Wheaton Maryland d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? University Nursing Home YES NOX 3. NAME OF Middle DATE Month First Last A Day Year DECEASED Clara Galler Oct. 1966 (Type or print) DEATH S. SEX B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lest birthday) Days Hours 3/15/81 Female WIDOWED K DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY COUNTRYS Russia Housewife 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Leon Worth Rachel Lutzsky 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) (If yes give war or dates of service) 16 SOCIAL SECURITY NO 17. INFORMANT Address Sandy Ct. Kens.Mc Isadore Galler-3511 578-09-2425 INTERVAL BETWEEN ONSET, AND DEATH CAUSE OF DEATH (Enter only one cause per line pr (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO terios cleratic Heart Disease Conditions, if any, which gave rise ta immediate cause (o). DUF TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (State) (County) Haur a.m. Not While factory, street, office bldg., etc.) While at wark at wark 19 66 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram Arch 19 66 to nresent 1966, and that death accurred at 832 M. from causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S ennecticut Me Kensing 0400 NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) REMOVAL (Specify) 3/66 Washington. D.C. Lodge Cemetery 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS**

the deoth certificate be executed within 24 hours ofter deoth. ond impletely filled in by the fur ve carban popers. Pages 1 event, within 72 hours after remove carban ysician ond cor please remov of and many e or removo permit. cremotion, signed by the buriol-tronsit The low requires that O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. buriol prior to the 00 for use Health certificote 9 detached State Dept. O FUNERAL DIRECTOR: After pe should director, poge 3 should be filed v

1 40 1 10 the state of the s and the transfer of the sale of the Miles who is a second

be executed within 24 haurs after death

requires that the death certificate

be retained by the haspital or attending physician

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14355 by the funeral Pages 1 and pup PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside) carparate firm c. LENGTH/OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give marest town campletely filled in d. NAME OF HOSPITAL/OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS within 72 NO D 3. NAME OF DATE Manth Year DECEASED and in any event, (Type ar print) DEATH 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX **NEVER MARRIED** DATE OF BIRTH birthday) last Days Haurs WIDOWED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane KIND OF BUSINESS OR 10b. during host of working life, even if retired) COUNTRY? 13. FATNER'S NAME burial-transit permit. Then pl burial, crematian, ar removal, signed by the attending WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. . 17. INFORMANT (or unknown) (If yes give war ar dates of service CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Severe ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a) DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been be detached far use as the State Dept. of Health priar ta last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram director, page 3 shauld shauld be filed with the (and that death accurred at) M, fram causes and on the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR ADDRESS 22c. PHYSICIAN'S NAME (Type 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Lincoln Cemetery Buria George REC'D BY REGISTRAR Joseph Ave. N.W.

THE PARTY OF THE PARTY.

MARYLAND STATE DEPARTMENT OF HEALTH 4350 MEDICAL EVALUATION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE MARYLAND lay Cessary, 3 to the funeral Page 5 may be c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) ontgomer Department after death. b. CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) C. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (in not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours NO F 2, and PM3. P 3. NAME OF Middle Last 4. DATE Month Day Year the DECEASED (Type or print) DEATH 196 Tey.er one. Give Pages 1, 2 ng with form Pl 2 with within 5. SFX 6. COLOR OR RACE OATE OF BIRTH NEVER MARRIED 8. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) D DEPUTY MEDIX—EXAMINER: This certificate should be executed within 24 hours after death. please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with for retained for your files. Months Days Hours N WIDOWED DIVORCED 16, event 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? pages 13. FATHER'S NAME MOTHER'S MAIDEN NAME 2 Lucy Robinson File 15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) | (If yes give war or dates of service) permit. removal, Max A. Geyer (Father) same item #2 CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: burial-transit | Congenital heart disease with complete IMMEDIATE CAUSE (a) cremation, **OUE TO** Conditions, If any, which interruption of Aortic arch, and descending (b) gave rise to immediate DUE TO cause (a), stating the 60 aorta arising from ductus arteriosus underlying cause last. used as to burial PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO or or CERTIFI 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) should l 3 shou agent, MEDICAL 20c. TIME OF INJURY Month, Day, Year I 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work CTOR: Page designated p.m. 21. I certify that Jook charge of the remains described above, held an Autopsy Inquiry and in my opinion Inspection FUNERAL DIRECTOR: f Health or its design Undetermined manner death resulted from Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) NAME (Type) 23c Name NAME OF CEMEJERY OR CREMATORY ate of Heaven Cemetery DATE THEREOF 10/21/66 Silver Spring, 23a. BURIAL, CREMATION, 23b. 23d. 0 BIREMPYAN (Specify) ADDREST Rockville 28ai 40 by REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Rockville. Tyson Wheeler Funeral Home VR AISME (5) 1/65

Items 18&21 Film 385

TO ACCUSE OF THE PARTY OF THE P

the sales of the sales

moan Foo - cop.

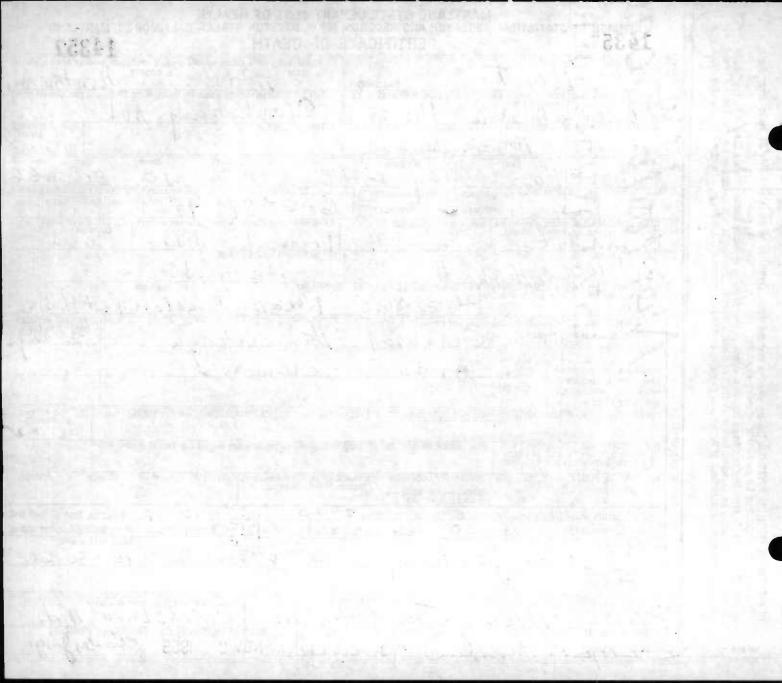
19/21/55 Unit of cover, Undetery 111v c extrust 7d.

ACCIEVATION.

MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION 4357 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares; town) INSTITUTION (If not executed within 24 NAME OF DECEASED (Type or print) 3. First 5. SEX 6. CDLOR OR RACE 7. MARI WIDO 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) be O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CON 2Da. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year a.m. p.m. 19 21. I certify that (I) (this hospital) saw the deceased alive on SIGNATURE 22a./ TO HOSPITAL PHYSTOIAN'S NAME (Type) 22c. 23a BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREO! **FUNERAL DIRECTOR**

VR A15 (4) 15M 4-64

CERTIFICATE	E OF DEATH			4357
MARYLAND	a. STATE	Id:	b. COUNTY	lesidence before admission)
c. LENGTH OF STAY IN 1b	d. STREET ADDRESS	hs hu	Ilmits, write RURAL	and give pearest towny
Silver Spring	Last	4. DATE	Month	ON A FARM? YES ND Day Year
May 61	bson	OF DEATH	10	30 1966 1 YEAR IF UNDER 24 HRS.
DE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	6-6-8	last t	yrs. 12. C	Days Hours Min.
INDUSTRY	Frederic	h. Mo		Le S.A.
16. SOCIAL SECURITYNO, 17.	Mac	1. A	2LLC &	
219-54-8695	Recard	- Brus	10 10.	I INTERVAL BETWEEN
per line for (a), (b), and (c).	Hemas	rhage		ONSET AND DEATH
Artario	sclar	mis		,
TRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISFASE CONDITION	IGIVEN IN PART 1(a)	19. WAS AUTOPSY
b. DESCRIBE HOW INJURY OCCU		1,14-11-11		PERFORMED? YES NO NO
	CE OF INJURY (Home, far			unty) (State)
/hile Not While factor	ry, street, office bldg., et	tc.)		
tended the deceased from $\frac{2}{30}$ $\frac{1966}{6}$, and that	t death occurred at	M, from the	e causes and on t	that (i) (we) last the date stated above.
ichson M.D		MED. ST DIRECTOR PH	AFF D CO	-30-66
23c NAME OF CEMETERY	OR CREMATORY	23d LOCATIO	RSburg	ounty) (State)
ADDRESS DELL	vel C DATE N	OV 2 19	1 0011	res Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14358 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL (and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d.STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF First Middle DATE Manth Day Year DECEASED OF (Type or print) DEATH 19 IF UNDER 24 HRS S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last_birthday) Manths Haurs Days K WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during mast of working life, even if retired) **INDUSTRY** Housewife 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, ar unknown) (If yes give war or dates af service no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave (b) rise to immediate couse (o), DUE TO stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Obesity, Fatty metaporphysis Liver, YES X NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (State) Haur o.m. Not While factory, street, office bldg., etc.) at wark ot work 21. I certify that (I) (this haspital) attended the deceased fram 65 and that death accurred at 40. M, from causes and on the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED STAFF DIRECTOR M.D. PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Agudas B'nai Jacob Balto. Md. Rosedale 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2100 Eutaw Place Balto. Md. 1966 JACK LEWIS. INC.

TO FUNERAL DIRECTOR: After this certificate VR A15 (4) 20 M 1/66

directar, page 3 should should be filed with the

death.

executed within 24 hours after

pe

requires that the death

physician.

attending has been the

Page 4 may be retained by the haspital ar

ATTENDING PHYSICIAN:

filled in

campletely

and

attending pay.

signed by the burial-transit

priar ta l

SD

be detached far use State Dept. af Health p

death. funeral 1 and

*GS2

(, , , , ,

whereat is to evaluate of our subspirit

Carting and Address of the Control of the Control

in inter from the second that the second is as of the re-CATE TARE MADE THE STORY THE PROPERTY OF THE STATE OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

4359

CERTIFICATE OF DEATH

14359

PARE ID PEAR! COUNTY MARYLAND CLEMGITH OF STAY IN ID CLINGTH OF STAY						
DOUBLE AND STREET ADDRESS A NAME OF FIRST Middle Lost A DATE OF BETT Middle Lost A DATE A DATE	1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Reside	nce before odmission)
C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. LENGTH OF STAY IN 1D C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. LENGTH OF STAY IN 1D C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. LENGTH OF RISK (IN TOWN) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. LENGTH OF RISK (IN TOWN) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. LENGTH OF RISK (IN TOWN) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. LENGTH OF RISK (IN TOWN) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits, with RIRAL and give nearest lown) C. CITY OR TOWN (If dutide copports limits) C. CITY OR TOWN (If dutide copports limits) C. CITY OR TOWN (If			MADVIAND			0.000
A. MARE OF HOSPITAL OR INSTITUTION (If not in, hospital, give street oddress) A. STREET ADDRESS A. S	_		9			
d. SIREET ADDRESS De		write RURAL and give nearest town)	C. LENGTH OF STAT IN 15	_ `		ve nedical lowing
1. AMAME OF CROSS KLOSPITA 108 W CAMBOUT 9 TS NOTE 106 NOTE 107 NOTE					ver spring	1011
S. AMME OF First Middle Lost 4. DATE Month Doy Foot		d. NAME OF HOSPITAL OR INSTITUTION (If not in I	nospitol, give street oddress)	d. STREET ADDRESS		
PREASE COLOR OR RACE NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH P. AGG (In years list birthday) P. AGE (In years) P. AGE (In years	-	70.9				YES NO N
Type of print S. SEX G. COLOR OR RACE 7. MABRIED NEVER MARRIED NE			Middle			Doy Year
December Different Diffe				xreen	DEATH /O	
DIONEED DIVINGED LAND REPORT OF WILDING SUBJECT COUNTRY Stote, or foreign country) 10. SIMAD CECURATION (Give kand of work done luring most of working ille, even if retired) 11. BIRTHPIACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME 14. MOTHER'S MAIDEN MAME 14. MOTHER'S MAIDEN MAME 15. WAS DECASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) 19. WIS BUTTOPY 19. Conditions; if any, which gove rise to immediate couse (c). 19. WIS BUTTOPY	i.	SEX 6. COLOR OR RACE 7. A	MARRIED NEVER MARRIED	1 1	last histholou) Manths	
DOLUSIAE OCCUPATION (Give kind of work done industry) JOS. USUAE OCCUPATION (Give kind of work done industry) JOS. WAS DECEASE EVER IN U.S. ARMED FORCES? Tey, no, or unknown) (If tyes give wor or dotes of service) JOS. WAS DECEASED EVER IN U.S. ARMED FORCES? Tey, no, or unknown) (If tyes give wor or dotes of service) JOS. WAS DECEASED EVER IN U.S. ARMED FORCES? Tey, no, or unknown) (If tyes give wor or dotes of service) JOS. WAS DECEASED EVER IN U.S. ARMED FORCES? Tey, no, or unknown) (If tyes give wor or dotes of service) JOS. WAS DECEASED EVER IN U.S. ARMED FORCES? Tey, no, or unknown) (If tyes give wor or dotes of service) JOS. ACUSEN WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove is to immediate couse get line for (o), (b), and (d) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PART III. OTHER SIGNIFICANT CONTRIBUTION TO THE TERMINAL DISEASE CONDI	5	tomale white w	IDOWED DIVORCED	10/4/6	6 Yrs. Months	
INDUSTRY Mort Son Rey (a gnacyton) Country? Mort Son Rey (a gnacyton) Country?			10b. KIND OF BUSINESS OR			
3. FAITHER'S NAME ADDESS S. WAS DECEASED EVER IN U.S. ARMED FORCES? Tex., no, or unknown (If yes give wor of dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 14. MOTHER'S MAIDEN MANN PAUL IN EDUCATION ADDITION ADDITION ADDITION INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET	ur	ing most of working life, even if retired)	INDUSTRY	26	1 - 1 ((OUNTRY?
S. WAS DECEASED PYER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (d)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, it ony, which gove rise to immediate couse (o). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISENSE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISENSE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISENSE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISENSE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISENSE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISENSE CONDITION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISENSE CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISENSE CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART I (o) PART II. OTHER S	2	FATHER'S MAME				4511.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (d). 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (d). 19. WAS DEFENDED 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (d). 19. WAS AUTOPY 19. WA	3.			2		
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (b) PART I. DEATH (Enter only one couse per line for (a), (b), and (b) PART I. DEATH (Enter only one couse per line for (a), (b), and (b) PART I. DEATH (Enter only one couse per line for (a), (b), and (b) PART I. DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH (Enter only one couse per line for (a), (b), and (c) PART II. DEATH (Enter only one couse per line for (a), (b), and (c) PART II. DEATH (Enter only one couse per line for (a), (b), and (c) PART II. DEATH (Enter only one couse per line for (a), (b), and (c) PART II. DEATH (Enter only one couse (a), and an additional per line for (a), (b), and (c) PART II. DEATH (Enter only one couse (a), and additional per line for (a), (b), and (c) PART II. DEATH (Enter only one couse (a), and additional per line for (a), (b), and (c), and	(KARTES J. XIREEN			ine Jauphin	ais
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).					Address	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: ORACIDERIT WAS UNDERLYING GOVE ORACIDERIT WAS UNDERLY ORACI	100	ss, no, or blikilowil) (if yes give wor or doles or serv	-	Farlar		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		18 CAUSE OF DEATH (Enter only one couse pe	r line for (a), (b), and (c).)	1		INTERVAL BETWEEN
Due to Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause Oct.		PART I. DEATH WAS CAUSED BY:	aana	0101		
Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PREFORMED? YES NO DECOMPRIBUTING CAUSE OF DEATH (FEITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 While of work of wo			()			
DUE TO stoting the underlying couse (c) stoting the underlying couse (c) (c) (c) (c) (c) (d) (d) (d) (e) (Autor man	, 01.	12	A STATE OF THE STA
Stoting the underlying couse Oct.		rise to immediate couse (a)	Julinar	y are	corasis	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION COUNTRY (County) (Stote) 21. Leftify that (I) (this haspital) attended the deceased fram			()	1.1.1		The second second
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.) 20c. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		lost. (c)	ann as	rung		
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of twork of twork of two work of t	,	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of twork of twork of two work of t	2			V		
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 21. Leartify that (I) (this haspital) attended the deceased fram 10 - 7, 19 6, ta 10 - 7, 19 6, that (I) (we) lass saw the deceased dive an 19 6 and that death accurred at 10 - M, fram causes and an the date stated abave 220. Signature 22c. Physician's 19 6 and that death accurred at 10 -	5	20- ACCIDENT WAS HINDERLYING FT	JOH DESCRIBE HOW INTERY OCCUPATED	/Enter noture of injury in	Port I or Port II of item 18)	113
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 21. Leartify that (I) (this haspital) attended the deceased fram 10 - 7, 19 6, ta 10 - 7, 19 6, that (I) (we) lass saw the deceased dive an 19 6 and that death accurred at 10 - M, fram causes and an the date stated abave 220. Signature 22c. Physician's 19 6 and that death accurred at 10 -	X	OR CONTRIBUTING CAUSE OF DEATH	205. DESCRIBE HOW HOOK! OCCURED.	(Enter notote of injury in	Ton Ton Ton II of Hell 16.,	
21. Leertify that (I) (this haspital) attended the deceased from 10 - 7, 1966, that (I) (we) los saw the deceased alive an 1966 and that death accurred at 120 M, from causes and an the date stated above 220. Signature 220. Signature 221. Leertify that (I) (this haspital) attended the deceased from 10 - 7, 1966, that (I) (we) los saw the deceased alive an 1966 and that death accurred at 120 M, from causes and an the date stated above 220. Signature 222. Signature 223. DATE SIGNED 224. ADDRESS 224. ADDRESS 226. DATE SIGNED 227. PHYSICIANS 228. DATE SIGNED 228. DATE SIGNED 230. BURIAL (REMATION, 23b. DATE THEREOF Caute) 230. BURIAL (REMATION, 23b. DATE THEREOF Gate of Heaven Silver Spring, Md. 24. FUNERAL DIRECTOR 25. REGISTRAR'S SIGNATURE				an an arrange for	1 000 (6)	-1.)
21. Leertify that (I) (this haspital) attended the deceased fram 19 - 4, 19 6, that (I) (we) los sow the deceased alive an 19 6 and that death accurred at 12 M, fram causes and an the date stated above 220. Signature 220. Signature 221. Leertify that (I) (this haspital) attended the deceased fram 19 - 4, 19 6, that (I) (we) los sow the deceased alive an 19 6 and that death accurred at 12 M, fram causes and an the date stated above 220. Signature 222. Signature 223. DATE SIGNATURE 224. ADDRESS 226. DATE SIGNATURE 226. DATE SIGNATURE 227. PHYSICIANS 228. DATE SIGNATURE 230. BURIAL (REMATION, 23b. DATE THEREOF Cate of Heaven Silver Spring, Md.) 24. FUNERAL DIRECTOR 25. REGISTRAR'S SIGNATURE	DIC.	20c. TIME OF INJURY Month, Doy, Year				ounty) (Stote)
saw the deceased alive an	Ě	10		0.7, 5.1.00, 0.1.10 0.09., 0.10		
saw the deceased alive an		21. Leertify that (I) (this haspita) attended the deceased fram_	10 - 4	1966, to 10-4, 19	66, that (1) (we) las
220. SIGNATURE 220. SIGNATURE M.D. ATTENDING MED. DIRECTOR D		saw the deceased alive an	0 - × 19 66 and tha	t death accurred a	t 42 M, fram causes and an	the date stated above
22c. PHYSICIAN'S JAMES S. STANTON 22d. ADDRESS SO WE I monston Dr Rocky, Ile Mans and Dr. Rocky, Ile			1 11 1		22b. [
22c. PHYSICIAN'S NAME (Type) James S. Stanton 22d. ADDRESS 50 W. E. J. mons ton Dr. Rocko, Iley, 123d. BURIAL (REMATION, BREMOVAL (Specify) 10/8/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 24. FUNERAL DIRECTOR 22d. ADDRESS W. E. J. mons ton Dr. Rocko, Iley, 123d. LOCATION (City or Town) (County) (Stote) 25. Registrar's SIGNATURE		Xnmu 1	XIZALLEN M.	D. PHYS	DIRECTOR D STAFF	10/4/66
NAME(Type) James 5. Stanton 50 WEdmonston Dr Rockvilley. 30. BURIAL (Secify) 10/8/66 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Cate of Heaven Silver Spring, Md. 24. FUNERAL DIRECTOR 128b. REGISTRAR 25b. REGISTRARS SIGNATURE		22¢ PHYSICIAN'S	5		71113	
23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEHOVAL (Specify) 10/8/66 Gate of Heaven Silver Spring, Md. 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE		NAME(Type) James S.	Stanton	50 W	JEdmonston Dr	Rocky, 1/elyc
BREMOYAL (Specify) 10/8/66 Gate of Heaven Silver Spring, Md. 24. FUNERAL DIRECTOR LABORITHM SILVER SIGNATURE	^					
24. FUNERAL DIRECTOR 180 ROCKVILLE Hikerec'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Tyson Wheeler Funeral Home Rockville, Md. DATE UC 1 1 1966 Charles Judge	_					SIGNATURE
	T	yson Wheeler Funeral	Home Rockville,	Md. DATE	GI 1 1 1986 /Cla	very Judge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours offer defin. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

Mail (See 22 Mes Buya) - 4324 B Surger 10/8/65 charte of beaven univer curing, Mg. APPROPRIATE TO SHARE THE STATE OF THE STATE "year sheller the selection of our Sales refrest mony"

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town) MARYLAND Maryland after death Montgomery Department c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b and PM3. | Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) XXXXXXXXXXX Chevy Chase d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs Office alang with farm 8. Give Pages 1, Holy Cross Hospital 7203 Rollingwood Drive W NO ate YES 24 haurs after death. 4. DATE e Str 3. NAME OF Middle Dov Year DECEASED EVERETT within TEMPLE GREENSTREET (Type or print) DEATH with AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH lost birthday) Months Days Hours Dec. 13, 1901 WIDOWED DIVORCED White 7 Male pages land 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work dane COUNTRY? during mast of warking life, even if retired) INDUSTRY Masonary Contractor Contracting rd "pending" in pencil in Chief Medical Examiner's Washington, D.

14. MOTHER'S MAIDEN NAME executed within = Buelah Allen t | Address | 17. INFORMANT | 7203 Rollingwood | 577-07-6216 Everett T. Greenstreet, Jr. Rd., Ch. Ch., Md. | INTERVAL BETWEEN Temple Bird Greenstreet File 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give wor or dotes of service remava No 18. CAUSE OF DEATH (Enter only one couse per line for (o) ONSET AND DEATH PART I. DEATH WAS CAUSED BY pe 0 IMMEDIATE CAUSE (o) This certificate shauld the ward crematian, Conditions, if any, which gove rise to immediate couse (o) DUF TO ficate, writing the stoting the underlying couse SD burial, 19. WAS AUTOPSY PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCASE CONDITION GIVEN IN PART I(o) CERTIFICATION necessary, please execute the certificate, 9 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) shauld agent, prior PRIMARY Or CONTRIBUTING plnous CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City ar tawn) (County) Haur o.m. factory, street, affice bldg., etc.) Nat While may be retained far yaur FUNERAL DIRECTOR: Page at work L ot work its designated Inquiry X 21. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinian Natural causes 💢 Suicide . the funeral directar. Accident . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** 5 may to FUNER Health (John G. Ball, M.D. Address (Street, city, town, ar caunty) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Fort Lincoln 25b. REGISTRARY SIGNATURE 10-20-1966 Cemetery etery Prince 250. REC'D BY REGISTRAR 2 Joseph Gawler's Dons, Inc. Minney VR A15ME (5) 1966 Wisc. Ave. N.W. Wash.D.C. 6M 1/66

Jak J. Hall, a. h.

arry deloy is

after death. If

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14361 **FOR STATE** HEALTH DEPT.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

14361

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if inst	itution: Residence before odmissiop)
o. COUNTY	MARYLAND	O. STATE	OUNTY
b. CITY OR TOWN (If outside corporate limi		c. CITY OR TOWN If outside corporate limits, write	nce Georgev
write RURAL and give nearest town)	is, C. LENGTH OF STAT IN 18	C. CITT OK TOWN/(IT outside corporore limits, write	KUKAL ONG GIVE NEOFED TOWN)
TAKOMA PARK.		Avondale	16 2
d. NAME OF HOSPITAL OR INSTITUTION (If n	ot in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Washington Sanita	Rium & Hespital	4801 Russell Aven	4 e YES NO V
3. NAME OF DECEASED	irst Middle	Lost 4. DATE N	Nonth Doy Year
(Type or print) Reston	Albert	Guy DEATH OCTO	Der 11 1966
S. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost, birthdoy	
male white	WIDOWED DIVORCED	Tulu 19.1998 68 yr	
10o. USUAL OCCUPATION (Give kind of work done		11. SIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT
during most of working life, even if retired)	Registry in P.O.	Wal De	COUNTRY?
13. FATHER'S NAME	and the second	14. MOTHER'S MAIDEN NAME	
George Gu	4	INFORMANT A	ins
1S. WAS DECEASED EVER IN U.S. ARMED FORCES	. 16. SOCIAL SECURITY NO. 17.	INFORMANT . A	ddress
(Yes, no, or unknown) (If yes give wor or dotes		ife-MRS. IRene - J	Pame.
18. CAUSE OF DEATH (Enter only one co	use per line or (o), (b), opp (c).)		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) / cule (or	mary mouther	Cleure ONSET AND DEATH
4201 DUI	10) A A II III A	a . A .
Conditions, if ony, which gove	(b) (ormany (1)	o lever No en &	Malaze,
rise to immediate couse (o),	10	1000	
stoting the underlying couse ((c)		
PART II OTHER SIGNIFICANT CONDITIONS		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH	The state of the state of	THE TERMINAL DISEASE CONDITION OF EACH IN VINCE TO	PERFORMED?
20o. EXTERNAL CAUSE WAS	20h DESCRIBE HOW INILIRY OCCURRED	(Enter noture of injury in Port I or Port II of item 18.	A
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	Tool of the state		<i>'</i>
CHOSE OF DEATH.	20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		ctory, street, office bldg., etc.)	(3,016)
p.m. 19	ot work U ot work U		
21. I certify that I taak charg	e af the remains described abave, h	eld an Autapsy 📄, Inspection 📈, II	nquiry 🔀, and in my apinian
death resulted from: Natur	al causes Acident Sui	cide, Hamicide, Undefermined	manner
1/100	71/7/	CHIEF MEDICAL EXAMINER	
SIGNATURE SELVE	u Calleto	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S TO TO TO	1) Thatla.	CDEPOTY MENTAL EXAMINER	0, 411011
NAME (Type) DELDETV	K, KEHO (VI	Address (Skeet, City, Town, or county)	FC1, 11,1766
23o. BURIAL, CREMATION, 23b. DATE TH	IEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or	Town) (Sounty) (Stote)
REMOVAL (Specify) Burial 10-13	-1966 Nat'l. Men	norial Park atts off	rch. Va.
24. FUNERAL DIRECTOR	ADDRESS TOTS	S.C. AV e 250. REC'D BY REGISTRAR 2Sb.	REGISTRAR'S SIGNATURE
Joseph Gawler's	Sons, Inc. N.W.	Wash DGM OCT 1 3 1966	Milanley Judge

VR A15ME (5) 6M 1/66

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office Jong with farm PM3. Page

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health or its designoted ogent, prior ta buriol, cremotian, or removol, and in any event within 72 hours after death.

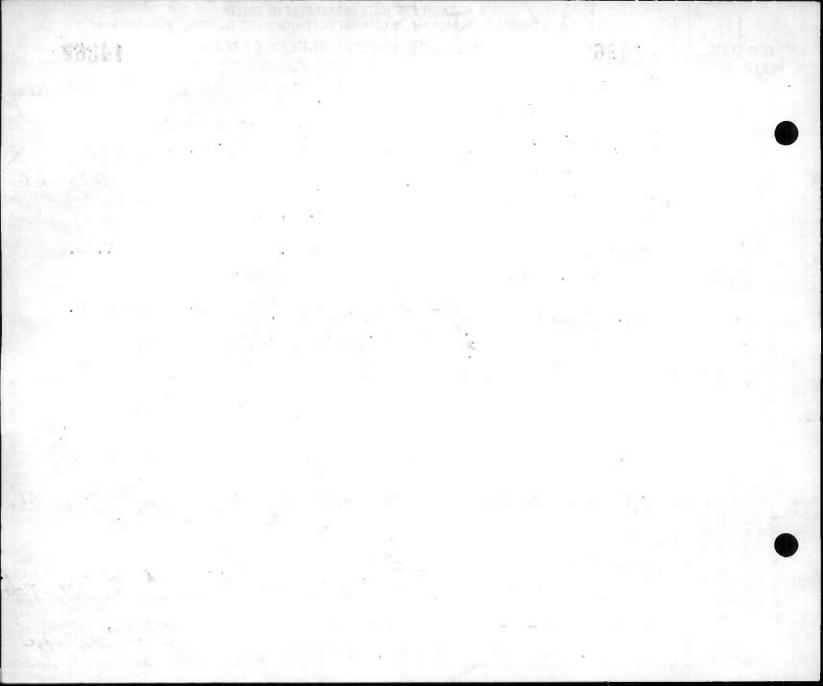
FOR STATE HEALTH DEPT.

Exeminer's Office along with farm PM3. Page necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Franciner's Office along with farm PM3. Page any delay is File rages 1 and 2 with the State Department of Health or its designated agent, priar ta burial, crematian, ar removal, and in any event within 72 haurs after death. TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14362 MEDICAL EXAMINER'S CE	ERTIFICATE OF DEATH 14362
	maryland Maryland	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNT Manual Complex b. COUNT Manual Complex b. COUNT Manual Complex com
	Review RURAL and give pearest town	d. STREET ADDRESS Te. 18 RESIDENCE
	11015 Glueck Lane	11015 Glues Lane YES NO
	3. NAME OF DECEASED (Type or print) DAVID G. H	AAS OF DEATH 10-23 1966
	M Cauc, WIDOWED DIVORCED Ap	DATE OF BIRTH Or. 6, 1935 9. AGE (In yeors lost birthdoy) yrs. 9. AGE (In yeors lost birthdoy) yrs. Wonths Doys Hours Min.
	during most of workigg life, even if retired) Archivist INDUSTRY	11. BIRTHPLACE (Stote or foreign country) Conn. 12. CITIZEN OF WHAT COUNTRY? U. S.
	George P. Haas	4. MOTHER'S MAIDEN NAME Beatrice Suter
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) Yes Korean 17. INFC May	ORMANI Wife Same as Item 2.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rcie Hemorrhage INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a),	ushot wound thru
	stoting the underlying couse (c) Meurt, s	efiflicted.
MOLTAN	PART U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE 200. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH	YES NO
AL CENTIF	20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ter noture of injury in Part I or Port I of item 18.) Red Solf
STORY	10-231966 While of work of twork	OF INJURY (Home, form, steet, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I taak charge of the remains described above held death resulted from: Natural couses , Accident , Suicide	
	ACTUAL SIGNATURE Delle SEASON	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
	EXAMINER'S BELDEN N. NEADM.	D Address (Street, City, Town, a nounty) OCT, 24/966
E	230. BURIAL, CREMATION, Burial, CREMATION, Burial 10-27-66 Menonite Cen	metery Millersville, Penna
	24. FUNERAL DIRECTOR ADDRESS ROBERT A. PUMPHREY Bethesda, Mary	yland Date OCT 3 1 1956 Pecistars Signatur Judge

VR A15ME (5) 6M 1/66



Cleared & Medical Examiner

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)		14363	CERTIFICATE	OF DEATH		1264				
		PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, if institution: Resi	dence betarê admissian)				
		o. COUNTY New Japanery	MARYLAND	a. STATE AA CLAS	6. COUNTY	CAMPRIL				
		b. CITY DR TDWN (If outside corporate limits,	c. LENGTH DF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	give neorest town)				
	-	write RURAL and give nearest town)	50m; N.	Colesuil	10	15-1				
	(d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
1	1	Nashington San	1. y Hospilal	13709 SI	herwood Fores	YES NO W				
		NAME OF First	Middle		DATE Manth	Doy Year				
		DECEASED (Type ar print) 5 +	lla NMN	Hanns	OF OEATH	27 1966				
	S. :		MARRIED NEVER MARRIED	8. DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS.				
	F	7.1.1001	VIDOWED DIVORCED	4-29-1900	last birthday) Manth	s Doys Hours Min.				
	10o.	. USUAL OCCUPATION (Give kind of wark done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stot	te, or foreign country) 12.	COUNTRY?				
		HSW+.	THEOSIK!	PENN.		U.S.A.				
3	1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	es 1	0 1 1.				
h		Enthony Or	los Ki	Holphi	ne Lolem	hiewski				
П	(Ye	WAS DECEASED PVER IN U.S. ARMED FDRCES? es, no, or unknown (If yes give wor or dotes of serv	vice) 16. SOCIAL SECURITY NO. 17. I	INFORMANT	Address	0				
		No	I M	1. WM. F	- Hanns	SON				
		 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: 	1 1 1	0		ONSET AND DEATH				
		IMMEDIATE CAUSE (a) 1 Calle Tuello Tuesty & Verial								
	Canditions, if any, which gove) (b) Arley or televitic Coronary Stage les & Lege / Lege									
		rise to immediate couse (a), (b)	- years							
	stating the underlying cause Dut 10									
		lost. (c) _								
,	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
0	B	falletes hiel	Li lus			YES NO L				
	RTIFI	20o. ACCTDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I	ar Part II af item 18.)					
	IL CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL CERTIFICATION	20c. TIME OF INJURY Manth, Doy, Year Hour o.m.		CE OF INJURY (Hame, form, ory, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)				
	×	p.m. 19	ot work ot work	/		8.				
		21. I certify that (I) (this haspital		7ehr, 1931	O, to Oct 27, 1	9.66, that (I) (we) last				
		saw the deceased alive an Oc	ct 27 1966, and that	r death accurred at 22						
		1-dolate	la M.	D. ATTENDING MED.	STAFF C	DATE SIGNED				
		22c. PHYSICIAN'S		22d. ADDRESS	0 / /	-/ 56				
		NAME (Type) /20 NALD S	FLEISCHER	7411 RIGO	SS Rd HYA	TISVILLE, ha				
	230.	. BURIAL, CREMATION, 23b. DATE THEREOF	F 23c. NAME OF CEMETERY OR	CREMATORY 2	3d. LOCATION (City or Tawn)	(Caunty) (State)				
		BMY (Specify) Oct 29, 19			Scranton	(County) (State)				
	24.	. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D BY R	REGISTRAR 2Sb. REGISTRAR	'S SIGNATURE				
		F Gasch's Sons	Hyattsville, Md.	DATE OCT	2 1 1000 Mls	rela Judge				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending povisician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 hours after deqth. VR A15 (4) 20 M 1/66

Billioning 1 (1)

Clabile Carte Hardenan Scholer 25 Jant. 1905

"Sacurture 1 white to. Controls

marabrail aprint

phropal indicate and

Market is it in the transfer to the term of the transfer the transfer of

Costopile A Longithm I

will a district

rimanal sammel of attraction

26 October 'se Contact Contact

Bell tudorno du A CHENICAL CARRY, National

ible sphorited , Tibo Po BothT/Jany ** *

·mal, , attourner no pred and discussion know THE PROPERTY OF THE PARTY OF TH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14366 CERTIFICATE OF DEATH 14365

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived, if institution: Resid	dence befare admission)
b. CITY OR TOWN (If ourside carparate limits.	MARYLAND I c. LENGTH OF STAY IN .16	CITY OF TOWN III	1.16	ontyomery.
write RURAL and give nearest town	21//		de carparote limits, write RURAL and g	give nearest town) /
DETHEOCH	2/2 Clays.		JO HN	15 · Is prespect
d. NAME OF HOSPITAL OR INSTITUTION (If nat in	naspital, give street address)	d. STREET ADDRESS	1:10	e. IS RESIDENCE ON A FARM?
Dubuk bAn'		TAFROUGE	CIRCLE	YES NO
3. NAME OF First DECEASED (Type ar print)	HRYN F.	HAROY	A. DATE Manth OF DEATH	25 1966
T		8. DATE OF BIRTH Jan - 29 - 19	9. AGE (In years last birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR NOUSTRY NAT INST HEALTH	11. BIRTHPLACE (County & S		COUNTRY 2
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	10	
Harry +it	e patrick	Alic	ce O'Con	noR
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of ser	Marin	nformant Charles Sch	nlichter Same	as Item 2.
18. CAUSE OF DEATH (Enter anly ane cause por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		er accid	ex	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gave) (b)	Mealignast	- pytoster	roin	1-2000
rise to immediate cause (a), stating the underlying couse last.		//	70	
PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
AD A CCIDENT WAS UNDERLYING COR CONTRIBUTING COR CONTRIBUTING COLOR (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Haur a.m.	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Par	t I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City ar town) (County) (State)
21. I certify that (I) (This hespital saw the deceased alive an	1) attended the deceased fram	1/30, 199 t death occurred at 3	ta /c/25 , 10 AM, fram causes and an	the date stated above.
22a. SIGNATURE Q. L.	Marka M.	ATTENDING ME D. PHYS.	22b.	DATE SIGNED
22c. PHYSICIAN'S NAME (Type) T. L. M.	ARKS, M.D.	22d. ADDRESS 320 U	suverity Blod.	E ale friz.
230. BURIAL, CREMATION, 23b. DATE THEREOI Uring 10-28			23d. LOCATION (City or Town) Menands, New	(Caunty) (State) York
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D B		

FONERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then precedence corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and may event, within 72 hours after degth. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retoined by the hospitol or attending physician.

VR A15 (4) 20 M 1/66

ROBERT A. PUMPHREY, Bethesda, Maryland DATE OCT 3

1966

as made as well and outlied indicate the same first Marie 180 and 181 of the last of the control of the

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14366

CERTIFICATE OF DEATH

14363

1.	PLACE OF DEATH			re deceased lived, if institution	
	O. COUNTY MONTGOMERY	MARYLAND	O. STATE MAR	VLAND b. COUNTY	MOPTEONERY
	b. CITY OR TOWN (If autside carparate limits,	c. LENGTH OF STAY IN 1b		e corporote limits, write RURAL	
	write RURAL and give nearest tawn)	ZYAQ P	SILV	ER 5 PRIM	G 15.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, g		d. STREET ADDRESS		e. IS RESIDENCE
7	HOLY CROSS HOS	JATIPE		DALE DEIV	ON A FARM? YES NO V
3.	NAME OF First	Middle	Lost HARHOM	DATE Month	Doy Year
	(Type ar print) ARL	A	HARDON	DEATH / O	28 19 66
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		Manths Days Haurs Min.
	MALE WHITE WIDOWED	DIVORCED	111400	66 YIS.	namis bays mons min.
		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County & St	ate, or fareign cauntry)	12. CITIZEN OF WHAT COUNTRY?
aui	BADY CLERK	Blinking	Grometown	~ W,C,	215
13.	FATHER'S NAME	0	14. MOTHER'S MAIDEN NAM	E	
	Sra a Harmon		San Ba	ker	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Ses, na, ar unknown) ((1f yes give war ar dates af service)	SOCIAL SECURITY NO. 17	. INFORMANT	Address	Cix
1	es, ild, di pinkilowii) (ii yes give wai di adres di service) 5	79-12 7702	Bernice 7 Ha	Amon 3406	Ps/n(1) many
	18. CAUSE OF DEATH (Enter only one cause per line for	(a), (b), and (c).) _	1	+1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	naho gene	(a (B) liny	, will	ONSET AND DEATH
	1621 DUE TO me	tartoris to	thyroid de	of por sin	m.
	Conditions, if ony, which gove) (b)	Hal stenn	is ome	entral confe	lien
	rise to immediate cause (a), stoting the underlying couse DUE TO	,	.11	(1) 3
	last. (c)	utromsc.	acudent &	er to any on 1	5,
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
) I					YES NO
CERTIFICATION		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part	I ar Part II af item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	The state of the s		LACE OF INJURY (Home, form,	20f. (City or tawn)	(County) (State)
ME	Hour a.m. While p.m. 19 at wark		actary, street, affice bldg., etc.)	1 2 27 10 10 22 2	
	21. I certify that (I) (this haspital) attend	ded the deceased fram.	28 Sept. 191	66, to 28 QU	1966, that (I) (we) last
	saw the deceased alive an 28 Ect	- 19 66, and th	nat death accurred ats	ov P. M, fram causes ar	d an the date stated above.
	22a. SIGNATURE		ATTENDING ME	D. STAFF	22b. DATE SIGNED
	V Leguman		M.D. PHYS. DIR	ECTOR PHYS.	
	22c. PHYSICIAN'S NAME (Type) VICKITE C	E (7117 11 . D.C)	22d. ADDRESS	19th NW.	Wash DC
		E GUZMAN		19-10,00-	vojecor e -
230	D. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF	23c. NAME OF CEMETERY O	1	23d LOCATION (City or Town) (County) (Stote)
	Burnel VC 31 1966	71 Fincols	Cometing	I mence From	ges Conster mad
13	FUNERAL DIRECTOR	norther see	256. REC'D BY		STRAR'S SIGNATURE
X	to lot funcil Home	(1024)	DATE NOV	4 1986 00	Leave O

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit peraft. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian directory, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

THE ENGINEER AND STREET

TRISANCE OF THE ACT IN TRACT 15 TO A STATE OF THE STATE O

1. 13 . 2 . 2

Market State of Village Co.

A CONTRACT TO STATE OF THE STAT

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14367
CERTIFICATE OF DEATH
14367

								2		_			
1.	PLACE OF DEATH a. CDUNTY					2. USUAL RESIDENCE	E (Where deceased lived, If ins b. CDUN	titution: Re	sidence before admissi	on)			
	Montgon	nery		MAR	District of Columbia								
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)							
	Betheso		,	14 da	ys	Washington 47.3							
		PITAL OR INSTITUTIO	N (if not in			d. STREET ADDRESS			e. IS RESIDEN				
Th	ne Clinic	al Center,	Bethe	sda, Maryl	and	800 Bel	Levue Street,		YES NO	-			
3.	NAME OF		rst	Middle		Last	4. DATE Month	1	Day Year				
	(Type or print)	Mary		Elizabet		enderson	DEATH Octobe:		5 19 66				
5.	SEX	6. CDLDR DR RACE	7. MARRIE	D NEVER MARRI	ED E	B. DATE DE BIRTH	last birthday)	Months I	YEAR IF UNDER 24 H Days Hours Mi				
	emale	Negro	WIDOWE			16 June 1936	5 30 yrs.						
10a	. USUAL DCCUPAT	IDN (Give kind of work ing life, even if retire		KIND OF BUSINESS DINDUSTRY	DR		unty & State, or foreign country	CD	TIZEN DF WHAT UNTRY?				
	Housewi	fe		None			of Columbia	U	SA				
13.	FATHER'S NAM	E	15-5-13			14. MDTHER'S MAID							
	Bert Al				475	Lois To							
15. (Ye	. WAS DECEASED	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 1	6. SOCIAL SECURITY	VO. 17.	INFORMANT The Me	edical Records	SS					
	No			78-48-0340	The	Clinical Co	enter, Bethesd	a. Ma	ryland				
1		DEATH [Enter only on	e cause per	line for (a), (b), and					INTERVAL BETWEE				
	PART I. DE	ATH WAS CAUSED BY	(a) Rer	al Failure	1				8 Days				
	2				19-7-10	transfor	rmation with R	enal	Infiltrati	on			
	Conditions, If	any, which \		onic Granu	Locart		in Blastic /		8 Days				
	gave rise to	Immediate (VIIIC Grand	LOCY	TO DEGREENITA	1100000						
	cause (a), s underlying caus	tathing the		onia Grams	10077	ic Leukemia		200	2 Years				
N.			(c) UNI	BUTING TO DEATH BUT	INDIRFIA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a)	119. WAS AUTOPS				
ATIC	· ANT HAD THEK		ODITINI		The state of the s				PERFORMED YES ND	_			
IFIC	202 40010547	WAS TIMBEDI VINO	20b.	DESCRIBE HOW IN	IIPA DOGG	IRRED (Enter nature of	injury in Part I or Part II o	of Item 18	Iredith .				
CERTIFICATION	OR CONTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH	DESCRIBE HUW INJ	JORT DUUL	miner. (Enter nature of	many in rule to rate it	20.,					
SAL	20c. TIME DF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED		CE DF INJURY (Home, fa		(Cou	nty) (State)			
MEDICAL	Hour a.i		Whi at w		facto	ry, street, office bldg., et	(6.)						
Σ	p.				from	Sept. 21 10	66, to Oct. 5	. 19 6	6. that (X (we) i	ast			
	saw the de	ceased alive on C	ctobe	r 5 1966	and that	death occurred at 3	:30M, from the causes	and on th	ne date stated abo	ve.			
	22a. SIGNATO						FM	22b. D/	ATE SIGNED				
	1/1	1,0 1/91	14011	Mo	M.D		MED. STAFF PHYS.	16 Oc	tober 1966	2			
	22c. PHYSICI	AN'S	car			22d. ADDRESS T	he Clinical Co	enter.	National				
	NAME (T	Paul E.	Neimar	n, MD.		Institute	s of Health, H	Bethes	da, Md.				
238	a. BURIAL, CREM	MATION, 23b. DATE	THEREDF		CEMETERY	DR CREMATORY	23d. LOCATION (City, t	wn or cou	inty) (State)				
	REMOVAL (SP		11-61	3 Morlie	il, to	in That.	arrings	on 1	1/a	,			
24	FUNERAL DIR	ECTOR	45	ADDRESS	10	Hall A 25a. REC	D'D BY REGISTRAR 256. R		S SIGNATURE				
1	trout	Wis FL	wers	Hais C	11-8	DATE Q	CT 18 1966	Juan	res judge				

VR AI5 (4) 20M 1/65

1436

Attantion to a trackly

The Clinical Workers, Sethendry, Arrange | C 800 Bellevic Chrone, M.S.

average with the same of the s

Manual Manual Money (1996) a 20 min 1996 a 2

total state of the same for the same and the

SYS-AS-0340 To think a demost, Dethenos, through

TOUT A SECURIT OF THE SECURIT OF THE SECURIT S

Triville I and A delay tollowers the set of the set of

remain 3/20 and a little of the state of the

The color of the c

Note: The Control of the Control of

Buniaj 110 - 11 - 64 - 11 ekses tra 7/1 to 10 glus tra 1 files Normalijo Franca (h. 50 01-5 to 9 km

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14900	CERTIFICA	IE OF DEATH	4.5	
1. PLACE OF DEATH			ere deceased lived, if institution: Resid	dence befare admission)
a. COUNTY MONT 90ME.	R V MARYLAND	O. STATE TOAR	VLAND b. COUNTY	Ntgomeev
b. CITY OR TOWN (If autside corparote limits,	c. LENGTH OF STAY IN 16		de corporate limits, write RURAL and ç	
write RURAL ond give nearest tawn)	a loday	Beti	resDA	15.1
d. NAME OF HOSPITAL OR INSTITUTION (If nat in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SUBURB	AN	63126	UILSON LAI	
3. NAME OF Pirst	Middle		4. DATE Manth	Doy Year
(Type or print) / HQUEL	MHE	RNANDEZ	DEATH OCT.	25- 1961
F.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UND) Last birthday) Manths	ER 1 YEAR IF UNDER 24 HRS.
10/11/20	VIDOWED DIVORCED	4/15/16	50 yrs.	CITIZEN OF WILLET
10a. USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County &		COUNTRY? CUBA
HOUSEWIZE 13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		COOK
ERNESTO CUESTA		PIJE INA	ZALDIVAR	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 1	7. INFORMANT Brot		
(Yes, no, or unknown) (If yes give wor or dates of ser			Samo ac T	tem 2.
No 1B. CAUSE OF DEATH (Enter anly ane cause p		Ernesto cue	7.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Matata	marin to	Vinai	ONSET AND DEATH
IMMEDIATE CAUSE (a)	marke und	man of	VIII	10 days
Conditions, if ony, which gove) (h)	Carriamere	ouquater	in pelvis	2400
rise ta immediate couse (a), stoting the underlying couse			7 /	
last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
				YES NO
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature at injury in Pa	rt I or Part II ot item 18.)	
20c. TIME OF INJURY Month, Day, Year		PLACE OF INJURY (Hame, farm,	20f. (City or town) (County) (State)
Haur a.m. p.m. 19	While at work I at work	foctory, street, office bldg., etc.)	1/	
21. I certify that (1) (this haspite	il) atjended the deceased fram	10/15/ 19		966, that (I) (we) las
saw the deceased glive an	2/24/ 1900, and t	that death accurred at A	1354 M, fram Lauses and an	
22a. SIGNATURE	Collago.		NED. STAFF	DATE SIGNED
22c. PHYSICIAN'S	Macon	M.D. PHYS. D	IRECTOR PHYS.	9/25/00
NAME (Type) ROBERT C.	MACON	809 Vier	Million Kol K	chielle
23a. BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEMETERY		23d. LOCATION (City or Town)	(Caunty) (State)
Burial Specify) 10-27-6			Silver Sprin	
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D I	BY REGISTRAR 2Sb. REGISTRAR	SSIGNATURE
ROBERT A. PUMPHREY	. Bethesda, M	arvlandoute Ol	CT 2 1 1956 100	carely Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages V and 2 shauld be filed with the State Dept. af Health prior to burial, crematian, ar removal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) . 20 M 1/66

ANGLE TO THE PROPERTY OF THE PROPERTY OF and arrested the second Co. The larger than the second of the second of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #21 OF DEATH by the funeral Pages 1 and 2 death. requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Rockville Rockville vear d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1015 DeBeck Ave. 1015 DeBeck Ave. YES NO T carban 3. NAME OF 4. DATE DECEASED LAWRENCE HIGGINS October A. DEATH (Type or print) 9. AGE (In years last birthday)
67 yrs. IF UNDER I S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 26,1899 Male White WIDOWED DIVORCED 6 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during mast of working life, even if retired) COUNTRY? INDUSTRY Rockville, Maryland

14. MOTHER'S MAIDEN NAME Retired Survevor 13. FATHER'S NAME crematian, ar remaval, attending on The Roberta Baker Frank H. Higgins 17. INFORMANT Nephew Address 6 Maryland Ave IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war ar dotes of service Franklin H. Wilson, Gaithersburg, Md. 212-20-1084 No 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit EVERE (TENERALIZED O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying couse has been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO X TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (State) 20d. INJURY OCCURRED (City or town) (County) 20c, TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) 21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 164 1277 9/271966, and that death occurred at 22 AM, fram causes and an the date stated above. directar, page 3 shauld shauld be filed with the 22o. SIGNATURE 22b. DATE SIGNED Montgomery Ave. 22c. PHYSICIAN'S W. G. HALL NAME (Type) Rockville. Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (Stote) Burial (Specify) 10-7-66 Rockville Cemetery Rockville. Maryland 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR PUMPHREY. Bethesda, Maryland VR A15 (4) 20 M 1/66 1966

19. C. S.				- 7	
	brallwest "				
	affirmayi Mahahamati			Mr dy to	
,					
	,				
4	2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	The second			
miles 6	Prising attack		RI ET	The state of the	
	tion is a second				
	The fire the				
	My The				
				nij in e yikeni in	
				St. Later	

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14370 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAKE HEALTH DEPT. PLACE OF DEATH o. COUNTY 2, and Page Maryland Montgomery 0 death. MARYLAND delay Deportment c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) 22 days Damascus d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm hours Montgomery General Hospital 26510 Ridge Rd. Poges e Stote [72 hour be executed within 24 hours after death. along with 3. NAME OF Middle First Lost 4. DATE DECEASED Hilton 10 the Ray MMM (Type or print) DEATH within S. SEX 9. AGE (In years 6. COLOR OR RACE X 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Male White 5/22/93 WIDOWED DIVORCED event Item] puo 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10g. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INDUSTRY** Maryland Self .⊆ Farmer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pencil rd "pending" in pencil Chief Medical Examise McClemen Hilton File pup IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, ar unknown) (If yes give wor or dates of service) removal. 213-36-8053 no 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Acute bilateral bronchopneumonia 0 IMMEDIATE CAUSE (a) This certificate should writing the word cremation, DUF TO forworded to the Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse 0 last. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION the certificate, 9 pe should be 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, (City or town) Hour o.m factory, street, office bldg., etc.) Not While moy be retoined for your FUNERAL DIRECTOR: Page of work ot work its designoted 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection X deoth resulted from: the funeral director. Natural couses Suicide [Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY 5 moy be TO FUNERAL Health or EXAMINER'S Address Steet City town or county NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23o. BURIAL, CREMATION Oct.26,1966 Montgomery Meth.

VR A15ME (5)

Items 18&21 Film 385 1-25 MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES X NO Month Year 19 66 23 IF UNDER 1 YEAR IF UNDER 24 HRS Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? USA Catherine Modesworth Hospital Records, Olney, Maryland INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY NO (County) (Stote) Inquiry X ond in my opinion Undetermined monner 22. DATE SIGNED 23d. LOCATION (City or Town) Clagettsville, Md. 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Melanles Olin L. Molesworth, Damascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death 24 hours after death USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) PLACE OF DEATH a. COUNTY TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLANO c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Silver Opring Wash. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET AOORESS N NO X YES Hithea Woodland Nursung executed within NAME OF DECEASED Day Middle OATE Month DEATH 1966 (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS AGE (In years last birthday) 6. COLOR OR RACE 9. NEVER MARRIED 8. DATE OF BIRTH 7. MARRIED Months | Days Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. be Page 4 may be retained by the hospital or attending physician. 15 FATHER'S NAME Henry Schoefield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? arroll/LaMess Silver Spring. 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service) UNKNOWN Maryland L. Kelly-Daughter-NO Mrs. Mary INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which to immediate DUE TO stating underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19/ WAS AUTOPSY PERFORMED? CERTIFICAT NO X AD has/a and h 20a. Accident was underlying or or contributing ocause of death (if either, notify medical examiner) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL | 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (County) (State) 20f. (City or town) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. Not While While p.m. at work at work 19.5 21. I certify that (I) (this hospital) attended the deceased from M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on. DATE SIGNED 22b. SIGNATURE 22a. MEO. DIRECTOR ATTENDING STAFF PHYS. M.D. PHYS. ADDRESS PHYSICIAN'S 22d. 22c. NAME (Type) (State) LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. DATE THEREOF Cremation 10-5-66 Cedar Hill Crematory Suitland Maryland ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Bethesda, Maryland Robert A. Pumphrey VR A15 (4) 15M 4-64

14331 All the continued and the second and Service of the common of the common state of the common of lower bill executer Suitland, Laryland Robert A. Fumparey Bethesda, Maryland ____ | 1883 Maryland

The state of the s The Contract of the Contract o The supplier of the supplier o Manager and the second

/	1	9	1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0	FOR S	TATE		14373 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14373
	HEALTH	DEPT.	方.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)
				a. COUNTY Montgomers MARYLAND a. STATE Md. b. COUNTY Montgomers
	cessary, funeral may be	Department after death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	necessary the funera 5 may b	partr er de		Detheader DOA Trees (Cress 15.1
	र देव	afte		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM?
	ay to the Page	State hours	1	Duburba 3009/VALDEN DK. YES NO
	y de and M3.	the S 72 ho	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) TO arie 1 1966
	1, 2 n Pl	きま	5.	SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	ges form	2 with within	10	7 WIDOWED DIVORCEO Class 16. 1906 60 yrs. Hours Min.
	dea e Pa vith	event	10	DA USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR IV. BIRTHPLACE (State or foreign country) INDUSTRY 12. CITIZEN OF WHAT COUNTRY?
	Giv Giv			at Home Wash - D-C USH
	18.	pages in any	13	3. FATHER'S NAME
	hor fice	all	1	5. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	AL EXAMINER: This certificate should be executed within 24 hours after death. If any del the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3.		d	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	with penc nine	permit. removal,		18. CAUSE OF DEATH [Enter only one cause set line for (a), (b), and (c) 1)
	in	s burial-transit cremation, or i		PART I. DEATH WAS CAUSED BY: MERCALLY MEDIATE CAUSE (a) MERCALLY MEDIATE CAUSE (b)
	ling cal	tran flon,		144X DUE TO ORD A TO
	be e	urial		gave rise to immediate (b) (b)
	d d			cause (e), steting the DUE TO Council Mouth
	wor Chi	sed as burial	NO	WAS AUTOPEV
	the	35	CAT	YES NO X
	iting led to	should be gent, prior	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH.
	This wr	3 shoul agent, 1	ALC	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State)
	ER: cate	m m	MEDICAL	Hour e.m. P.m. While Not While at work at work at work
	MIN d b	Page	2	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection and in my opinio
	L EXA	CTOR: Page designated		death resulted from: Natural causes , Accident Suicide , Homicide , Undetermined manner
	13 4 -	DIRECTOR: r its design		ACTUAL CHIEF MEDICAL EXAMINER 22. DATE SIGNED
	execute Page	AL DIRE		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTYMEDICAL EXAMI
	exe	- Table	1	EXAMINER'S BELLE (1909) BELLE (
	O DEPUTY please ex director.	HE	2	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER OR CREMATORY 23d. LOCATION (City, town or county) (State)
	2 2.9 2	2000		Burial 10-13-1966 Fort Lincoln Cemetery Prince Georges Co. Md.
	44=	2	1 2	Joseph Gawler's Sons, Inc.
		A15ME	V	5130 Wisc. Ave N W. Wosh DC. DATE ULI 13 1966 Clearly Judge

ATTENDED TO THE PROPERTY OF TH The state of the s TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 11271

143/4											TO	13		
. PLACE OF DEATH				1 2.	USUAL R	ESIDEN	CE (Whare	daçeas			: Residen	ce before	dmission)	
Montgom	ery		MARYLAN		a. STATE		b ee	- 1	b. COU					
b. CITY OR TOWN (in	f outside corporata limit	s.	c. LENGTH OF STAY IN		c. CITY OR	TOWN			Montg			nearest tow	vn)	
writa RURAL and	giva naarast town)												,	
Gai thersb			5 years				sburg	3		/	51/			
d. NAME OF HOSPIT	AL OR INSTITUTION (f not in hos	pital, give street address)		d. STREET	ADDRESS							ESIDENCE A FARM?	
					311	Sout	h Fre	eder	ick				NO T	
NAME OF	First		Middle		Last		4. DAT		Moni	h	Day	Year	1	
DECEASED (Type or print)	Amma	m	Hollander				OF DEA	TH	Oat	ober	77	196	6	
5. SEX	Anna	7	D NEVER MARRIED	TIR DA	TE OF BIRTH	4		10 AC	GE (In years			IF UNDER		
				3.0			1.		birthday)		Days	Hours	Min.	
k	White	WIDOWE		1	-24-5			1 9	yrs.					
On. USUAL OCCUPATI	ON (Give kind of work rking life, even if retira	d) 10b. K	IND OF BUSINESS OR INDE	USTRY 11.	BIRTHPLA	CE (Coun	ity & Stata,	or forei	gn country	12. 0	ITIZEN O	F WHAT	COUNTRY?	
H. Wife	-	,	Home	J	effers	son C	o I	lowa			USA			
3. FATHER'S NAME					MOTHER'S									
John Ja	cobson				Christ	tina	Louis	32						
S. WAS DECEASED EVE	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 1	17. INFO	RMANT				Addres	5				
Yas, no, or unkown) (If	yas give war or dates of se	ervice)	_	Mno	Bem	ice F	os tar	p .	Same	99 2				
	EATH (Enter only one	causa par l	ine for (a), (b), and (c).]	7 00	Delii.	ree -	03 061			40 C	LINT	ERVAL BE	TWEEN	
	WAS CAUSED BY:			50 6	RTGA	21:05	0100	200	^		ON	SET AND	DEATH	
	MMEDIATE CAUSE (a)	Gen	I er ALIZE	-0 /	~/ 7	1100	reek	0 21	2		30) Ach	RS	
4201	DUE TO			-/	1		4	-						
Conditions, if any	, which) (b)	ES	SCNTIAL	17	y per	210	NSIC	NO			30	30 YEARS		
gave risa to Immadi	DILLE TO													
(a), stating the ur cause last.	derlying (c)	6.0	RONARY	Th	Lon	130	5/5				30	30DAYS		
PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	T NOT REL	ATED TO TI	HE TERMIN	NAL DISEA	SE CON	DITION GI	VEN IN PA	RT 1(a) 1			
CHROI	VIZ Rex	IAL	FAILURE	Con	105114	ie	Hea	127	TAI	ZUR	E.		NO TO	
200. ACCIDENT W	AS UNDERLYING	-	SCRIBE HOW INJURY OCC				n Part I or P	Part II of	îtem 18.)				The state of the s	
OR CONTRIBUTING	MEDICAL EXAMINER)													
20c. TIME OF INJUI	RY Month, Day, Yas	r 20d.	INJURY OCCURRED 20e.	PLACE O	F INJURY (H	lome, farm	20f. (City or t	own)	(C	ounty)		(Stete)	
Hour e.m.		While	Not Whila		reat, office								,	
p.m.	19	at wor	k at work		10-		1,,							
21. I certify th	hat (I) (this hospit	al) atten	ded the deceased fro	om.N.A	RCH	25,	1946.	to Ch	TOPIC	12, 1	966 1	hat (1)	last (ow	
saw the deceas	ed alive on O	TOPER		that deat	h occurre	ed at .	M, fr	om the	causes	and on	the dat	e stated	above.	
22a. SIGNATURE	, 0	- 1			ATTENDING		MFD.		TAFF			22b	. DATE SIGNED	
Chan	lai XX ac	enle	eran and	M.D.	PHYS.		IRECTOR		HYS.		sel II	2 11	196C	
22c. HY ICIAN'S			1		22d. ADDI	RESS 2	nives	7/	N mi	ram	o Dea	av	5	
(NAME (Typa)	Gordon S. 1	Rosen	perger		R	OCK	411	LE	m	DOV	IA	VD		
3a. BURIAL, CREMATIO			23c. NAME OF CEMETE	FRY OR C					N (City, to		nly)	15	tate)	
REMOVAL (Specify)	1		New Sweden	_							H O	irfi	eld	
Removal	10-11-60			Cenie					son C		-	OWa		
4 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS						2Sb. RE	A 400 //				
FrancisH.	Barber :	Layton	nsville, Md.			DATE U	161 1	4 1	966	fine	nee	Jud	pe	

VR A1S (4) 20M 5-63

	र्भेंद्र जाति	ou ne.i	" But the " to the	enlaring.		1757	уватеЛ	
			27-13160	d'150 Y	1	•" • • n · o ·	· m. J L 1	
		- Strag	311 South Fre					
do	ll red	vet		lander	fet .I	RUNA		
		91	-2:-X6 1675	1	х	hite	Y.	
	73.	ewo.	Jefferson Co., 1	em F	emeH		i. Tie	
		s	Onristina Louis			Ja otsen	John	
	2 02	9.153	med and estimate.	, ;~~	-		ori	

Some no incention

Lemonal 10-11-66 New Eweden Cenetery Jerson County, Lova " 061-To 1802 Sycarde Judge

Iranciell. Burber Isytonsville, Nd.

MARYLAND STATE-DEPARTMENT OF HEALTH-BALTIMORE, 18

14373)		CERTII		AIE OF DEATH	1		Reg. Di	st. No.	1	tú
1. PLACE OF DEATH o. COUNTY	Montgome	ry	MARYL	AND	2. USUAL RESIDENCE (Who s. STATE Mary)	_	d lived. If institu b. COUNT	v	ce before ontgor		
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If o	utside corpo	orate limits, wrlte	RURAL and	give neares	t town)	
Bethes	da		?		Bet	hesd	.a		15	1/	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	jive street	address) :		d. STREET ADDRESS					S RESII	DENCE FARM?
9716 Pa	rkwood D	rive			9716 Parl	wood	Drive		Y	ES 🔲	NO 🔀
3. NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF	M	onth	Day	Y	ear
(Type or print)	KATHAI	_	L.		OLLISTER	DEATH	0	ct. 3	-		9 66
5. SEX		7. MARR	IED NEVER MARRIE		B. DATE OF BIRTH		9. AGE (In year lost birthdoy)	Months	1 YEAR IF	UNDER	R 24 HRS. Min.
Female	White	WIDOWE			Dec. 7, 189	_	70 yr	. 9	0		
10a. USUAL OCCUPATION during most of work	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF	INDU	STRY 11. BIRTHPLACE (Stote	or fareign c	country)	12. CIT	IZEN OF V		
Housewi					New Yo				U.	S.	
13. FATHER'S NAME	~ 1				14. MOTHER'S MAIDEN N						
	y Lawder	crea la			Dora Ci						
1S. WAS DECEASED EVE	R IN U.S. ARMED FOR (If yes, give wor or dates of s	Amira!	social security no. nknown		NFORMANT Hush		C	ame a	e Tt	em	2
No					Hillman Ho	list	er	anic a	3	CILL	4.
	ITH [Enter only one co ITH WAS CAUSED BY:	use per lir	ne far (a)! (b), and (c).]	^	1011.	1	1	1	ONSET		
PARI I. DEA	IMMEDIATE CAUSE (mi	illifell	Core	was vascu	as 0	cciono	us,	12	we	ols
2901	DUE TO	4	1 7	^	0. 10.		4.	Jam	4		
Conditions, if a		Ju	o acuse	on	men de	lener	allon 4	COA	3.	4	57
cause (a), stating	DIJE TO	1		/	To have	/	/		1		
lying cause last.) (c	1_6	use m	10 u	reminer	/			1		
PART II. OTH	TER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION G	IVEN IN PAR	F	PERFOR	NO X
	S UNDERLYING CAUSE OF DEATH MEDICAL-EXAMINER)	20b. DESC	CRIBE HOW INJURY OF	CURRE	D. (Enter nature of injury in I	Part I or Par	rt II of item 18.}	_			
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	ar 20d. It While at warl	Not while	20e. PL fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City	y or town)	(0	County)		(Stote)
	mt I material al		<u> </u>		10 377 1 /	000	2 10/	/		.1	
1	at Lattended the	decease	1 1		19.30, to 4	VA C		,that I			
alive on	A	, 19_6	and that	death	accurred at 62 p		m the causes treel, city or tow		ne date		d abav
ACTUAL SIGNATURE	Muras	les	app		м.о. 4740	Che	vych	950	DA		03
PHYSICIAN'S NAME (Type)	STewa	rt	Clapp	1	1D Che	DUY	chas	e	Md		
220. BURIAL, CREMATIO	N, 226. DATE THEREC)F	22c. NAME OF CEME	TERY O	R CREMATORY	22d. LOCA	TION (City, town	, or county)		(Stote)

VS A1S (4) 1SM 9/S5

TO HOSPITAL may be retai

page 3 shaul

the funeral director, should be filed with

ofter death. Page

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours After this certificate has been signed by the attending physician and completely filled

the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death

detached for use as the burial-transit permit.

Bethesda, Maryland

Troy

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

New York

ADDRESS

Oaklawn Cemetery

10/7/1966

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

visiona of market to 1886 (17,00 printed - in

States of Bumpaety Sections, Marguard

funeral in 24 hours after death. Page 69 be retained by the hospital or attending physician.

TO FUNERA INECTOR: After this certificate has been signed by the attending physician and complete edin by the director, page 3 should be detached for use as the burial-transit permit. Then bease remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

11,276

VR A15 (4) 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1/1070

14010	
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed livad, If institution: Residence before admission)
a. COUNTY M. to	a. STATE TO b. COUNTY TO The
MARYLAND MARYLAND	Salyana Honeymeny
b. CITY OR TOWN (if outside comparate limits, write RURAL and give nearest town)	c. CITY OR TOWN thouside corporate limits, write RURAL and give nearest town
Botherda do him.	Kockwelle 15.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Suburbon	916 View mill Rd. YES NO D
NAME OF First Middle	Last 4. DATE Month Day Year OF
(Type or print) Colegabeth S. Ha	et DEATH OCT 15 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, last birthdey) Months Days Hours Min
7 WIDOWED DIVORCED	7/23/09 [57] yrs. Months Days Hours Min.
0a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, aven if retired)	(1) 1 1 0 1 1 5 0
Ketherd How Worker 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
S. PAINER'S NAME	14. MOTHER'S MAIDEN NAME
Gulene Osopotlaux	Mary Decker
	NFORMANT A Address
Yes, no, or unkown) (If yes give we rordates of service) 5 7.7 16.4234 W	aller T. Holt. h. I tem # 2
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ciercenesse of The	breast with generalized ONSET AND DEATH
170 A DUE TO millionis.	about 2
Conditions, if any, which (b)	Lalana
gave rise to immediata cause	The state of the s
(e), steting the underlying DUETO	10 00 2 000
cause last. (c) (c) / Carpht Auction	of restlicing march 1765
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
nine	YES NO 🔀
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Part I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ry, street, office adg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1959 19 tolet 15 1966 that (1) (we) last
1	100111
	death occured d
22e. SIGNATURE Will First Many M.	ATTENDING MED. STAFF DIRECTOR PHYS. 10/15/16/16/16/16/16/16/16/16/16/16/16/16/16/
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) WIT A. Linthieum	110 S. Welkingter St. Hollingle, 2
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
Burial 10/18/66 Parklawn	Rockville Maryland
Tyson wheeler Funeral Home 1331 Rock	
Rockville	Ma IDATE OUT TO 1900

Bursal Ib/Lu/60 Parkland

ivon theeler Fineral Home 1551 conville tike of

Rocket Lie Marriand

The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14377 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY o COUNTY o. STATE 3 to Montgomery County Maryland P.M.3. Page Montgomery of death. MARYLAND delay Department c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) after daus Silver Spring Silver Spring e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm haurs 14632 Peach Orchard Road YES NO PC Holy Cross Hospital 8. Give Pages Stote 24 hours after death. 4 DATE Office alang with 3. NAME OF Doy Year 72 DECEASED the October 31, 66 19 Hoppensack DEATH within (Type or print) Hans with 1 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Months Min. Hours 10/30/89 Male White WIDOWED DIVORCED event Item 18 land 2 12. CITIZEN OF WHAT 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Germany during most of working life, even if refired Retired Accountant Gout. Germany = Examiner's 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME pencil be executed within Unknown Otto Hoppensack 17. INFORMANT .⊑ WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Reach Oschard (Yes, no or unknown) (If yes give wor or dotes of service) Chief Medical permit. remayal 220-48-9698 Silver Spring pending Martha Hoppensack INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Acute intracranial hemorrhage Ö IMMEDIATE CAUSE (o). please execute the certificate, writing the ward This certificate should crematian, DUE TO the Conditions, if ony, which gove rise to immediate couse (o), farwarded ta DUE TO stoting the underlying couse 0 OS burial, a WAS AUTOPS nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) RERFORMED? CERTIFICATION NO 10 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) prior shauld PRIMARY ☐ or CONTRIBUTING ☐ 4 shauld AL EXAMINER: CAUSE OF DEATH MEDICAL agent, 20e. PLACE OF INJURY (Home, form 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work ot work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry 🛰 and in my opinian Suicide Undetermined manner funeral director. Natural causes Accident Hamicide death resulted from. retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY pe Health ar **EXAMINER'S** city fown or county) may NAME (Type) the 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION 0 5 BREMOVAL (Specify) Burtonsville Union Cemetery Burtonsville. Maryland Nov. 1966 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR Georgia Ave John B VR A15ME (5) Silver Spring 6M 1/66

tems 18&21 Film 383 12-1 MARYLANDSSTATE DEPARTMENT OF HEALTH

the premium and the contract of the contract o

/ /.

g respective to the first of th

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PLACE OF DEATH O. COUNTY	MONTGOMERY	MARYLAND	o. STATE MARY		TCOMERY
	(If autside carparate limits, and give nearest town)	c. LENGTH OF STAY IN 16		utside carparate limits, write RURAL and giv	e neorest town)
	PITAL OR INSTITUTION (If not in the company of the	n haspital, give street address)	d. STREET ADDRESS	GROSVENOR PIACE	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First Bu đh 1	Middle H oward	Lost HUBBELL	4. DATE Month OF DEATH October	Doy Year 8 19 66
S. SEX Female	6. COLOR OR RACE	7. MARRIED 🔀 NEVER MARRIED 🗌 WIDOWED 🔲 DIVORCED 🗍	8. DATE OF BIRTH March 7, 19:		Doys Haurs Min
10a. USUAL OCCUPATI during mast of working Housew:	ON (Give kind af wark done on life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Floesvil	le, Texas	TIZEN OF WHAT DUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Louis I				rginia Gray	
(Yes, no, ar unknawn	VER IN U.S. ARMED FORCES? (If yes give war or dates af s	ervice)	7. INFORMANT harles W. Hul	Address	
rise to immedi stating the un- last.	derlying cause (c	AND SKULL		SE TO MEDITASTINUM	19 WAS ALITOPSY
CATION					19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of Item 18.)	14 63
Hour	p.m. 19	While Not While ot wark at work	PLACE OF INJURY (Hame, farr foctary, street, office bldg., etc.		ounty) (State)
21. I cer saw the	tify that (I) (this haspi deceased alive an <u>8</u>	tal) attended the deceased fram	hat death accurred at	t 1:40AM, fram causes and an t	
220. SIGNATUR	Sander	nen	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. 22b. D	DATE SIGNED
22c. PHYSICIAI NAME (Ty	M.G. ANDERS		Naval H	ospital, Bethesda,	
23a. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE THERI 10-12-		Mational	23d. LOCATION (City or Town) Arlington,	(County) Virginia
24 CHAICDAL DIDEC	TOP	isconsin Ave., Bet	thesda, DATE O	D BY REGISTRAR 25b. REGISTRAR'S CT 1 1 1966 Value	SIGNATURE when Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, a removal, and in any event, within 72 haurs after dept. Page 4 may be retained by the haspital ar attending physician.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

VR A15 (4) 20 M 1/66

			200
ALLE			14838
			The state of the s
allowed	OWNER SEE		ARTISTALISMO DEL
	SULTAGE	200	(1 was) dien set
	VII. BODESOND TOSUT		Indianol Leve
	steer of Laborate	SowerS .	NUTRANT
	ζ',		9.fc. =
.1	Tuesville, Mann		et industrial
	lastic Crimin Grav		Street strain
	Men I. Pangara		
		14 15 TO 18 18 18 18 18 18 18 18 18 18 18 18 18	N. ac
			THE TAX PROPERTY OF THE PARTY O
			The second secon
			The second secon
			The Allendary of the con- production of the con- production of the con- production of the Con-
aford , view	Constant English		(

Tage 4 may be retailed by the mospital of arctiving proposals.

To Funeral DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. 68 examiner Modical S. S. S.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND

14	37 9	CERTIFIC	ATE OF DEATH	1	14379
1. PLACE OF a. COUNT	Montgomery	MARYLA	a. STMErv1	CE (Where deceased lived, If instituti and b. COUNTYM	ion: Residence before admission) Iontgomery
b. CITY C write	OR TOWN (If outside corporate li RURAL and give nearest town) Silver Spring	mits, c. LENGTH OF STAY IN 9 hours	t 1b c. CITY OR TOWN (I	outside corporate limits, write R	URAL and give nearest town)
d. NAME	OF HOSPITAL OR INSTITUTION (i			etoria Drive	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DE DECEASE (Type or	print) David	Middle A.	Last Hughes	4. DATE Month OF DEATH October	Day Year
5. SEX Male	6. COLOR OR RACE 7. White	MARRIED NEVER MARRIED	8. DATE OF BIRTH Sept. 13, 19	last birthday) Man	NDER 1 YEAR HE HINDER 24 HRS
10a, USUAL 00 during most o	CCUPATION (Give kind of work done tworking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (C		12. CITIZEN OF WHAT COUNTRY?
13. FATHER Ric	'S NAME hard F. Hughes		14. MOTHER'S MAII Elizal		
15. WAS DEC (Yes, no, or un	EASED EVER IN U.S. ARMED FORCE (kown) (If yes give war or dates of serv	S? 16. SOCIAL SECURITY NO.	17. INFORMANT Hospital	Address records Silver S	prings, Md.
	ISE OF DEATH [Enter only one ca IT I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_ DUE TO	use per line for (a), (b), and (c).]	Legene	estim	INTERVAL BETWEEN ONSET AND DEATH
gave ris	ns, If any, which se to immediate (a), stating the DUE TO	Hurke	r's syndi	1 DMG	
PART II.	OTHER SIGNIFICANT CONDITIONS			DISEASE CONDITION GIVEN IN PART	YES NO NO
OR CONT (IF EITH	CIDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature o	f Injury In Part 1 or Part 11 of Ite	m 18.)
MEDICAL Ho	ME OF INJURY Month, Day, Year our a.m. p.m. 19		. PLACE OF INJURY (Home, for factory, street, office bldg., e		(County) (State)
saw t	certify that (I) (this hospital the deceased alive on	attended the deceased from	n	9 to 10/2 , 1	
7265	GNATURE STATE OF THE STATE OF T	Vaul		MED. STAFF DIRECTOR PHYS.	b. DATE/SIGNED
N/	ME (TYPE) MURRAY , CREMATION, 236. DATE THEF	PAUL REOF 123C, NAME OF CEMI	Silver ETERY OR CREMATORY	springs,	nd i
Buri	AL (Specify) 10/28/6	arlington	national 1250, RE	23d. LOCATION (City, town of charges), C'D BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
76	ische sons	Hyatterlle	ind DATE (CT 2 7 1966 10	tiarles Judge

VR A15 (4) 20M 1/65

1821 DEE VICE 139-12 Jack 25-* Y .(J) . galand revile, stood ? galand revile. 12301 Freteria Drive Poly Gross Mospital Detolar 11, bivad . . Mont. 13, 1955 Male wite Child .A. .. U Vectington, L.C. dicearc F. Luges the carried review at the Land of

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit porms. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremations of temoval, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14380 4380

HOHIONE	ILTOTUIL	UIAN	ILLOOKDO,	001 III I	MEDICIT DIME
	C	ERT	TIFICATE	OF D	EATH

1.	PLACE OF DEATH			7 . 70		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY					
	Montgo	merv		MARYL	ANO	a. STATE b. COUNTY District of Columbia					
	b. CITY OR TOW	N (if outside corporate lin and give nearest town)	nits,	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside co	rporate limits, writ	e RURAL a	nd give near	est town)
	Bethes			1 day		Washi	naton			47.	3
		SPITAL OR INSTITUTION (in	not in hos		dress)	d. STREET ADORESS	ing o'Oir				ESIOENCE FARM?
Th	e Clinic	al Center, Be	thesc	la, Md.2001	14	114 Varn	um Str	eet, N.E.		YES	NOK
3.	NAME OF	First		Middle		Last	4. DATE	Month		Day Y	ear
	(Type or print)	Patrio	k	Kevin		Hughes	DEAT				66
5.	SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIEO	X 8	OATE OF BIRTH	9	. AGE (In years II		YEAR IFUND	
	Male	MITTER OF	IDOWED [DIVORCEO		November		9 yrs.			
10a dur	. USUAL OCCUPAT	ION (Give kind of work done Ing life, even If retired)	10b. KII	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (C	ounty & State	e, or foreign country)		IZEN OF WH JNTRY?	AT
	Child					Washi	ngton,	, D.C.	US	SA	
13.	FATHER'S NAM	E				14. MOTHER'S MAIL	DEN NAME		444		
	Pe	trick E. Hugh	nes			Virgini	a Edwa	ards		75-	
15 (Ya	. WAS DECEASED	EVER IN U.S. ARMED FORCE (If yes give war or dates of serv	S? 16. S	OCIAL SECURITY NO.	17.	INFORMANT he Me	dical	Record	3		
	No			None	Th	e Clinical	Center	r. Bethesc	a. Me	ryland	1
-		DEATH [Enter only one ca	ise per lin	e for (a), (b), and (c)						INTERVAL I	BETWEEN
	PART I. DE	EATH WAS CAUSED BY:	Condi	lorespirate	OWER T	Coilure			1	24 Ho	
	2 80	IMMEDIATE CAUSE (a)_	Uaru.	rorespirate	ory I	allule				64 111	MIS_
	207	OUE TO									
	Cenditions, If		Dehyo	dration						24 Hc	nirs
	gave rise to								140		
	cause (a), so	tating the	Huml e	er's Syndro	ome				17.3	Ql Ve	ars
Z		se last. (c)_ SIGNIFICANT CONDITIONS				EN TO THE TERMINAL I	DISEASE CO	NOITION GIVEN IN P	ART 1(a)		AUTOPSY
II)	PARTIL OTHER	SIGNII IOANI OONOI IONO	,011111100	TIME TO DESTIN DOT IN	OT KELK	CD TO THE TERMINOLET					ORMED?
10/										YES X	NO _
CERTIFICATION	DR CONTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER		ESCRIBE HOW INJUR	Y OCCU	RREO. (Enter nature o	f injury in i	Part I or Part II of	Item 18.)		
		INJURY Month, Day, Year		JURY OCCURRED 2	Oe. PLAC	E OF INJURY (Home, fa	arm. 20f.	(City or town)	(Coun	ity)	(State)
MEDICAL	Hour a.				factor	y, street, office bldg., e					
ME	p.	m. 19	at work	Not While at work				0 + 1 - (2/ //		
	21. I certif	y that 🗱 (this hospital) attende	d the deceased fr	om UC	tober 20 , 1	9 00 to	Uctober A	2019 O	2, that (1)	(we) last
	saw the de	ceased alive on Oct	ober	26 1966, a	nd that	death occurred at 1	130M, f	rom the causes a	and on th	e date stat	ed above.
37	22a. SIGNATU	RE/ / }	1	7 1			P		22b. DA	TE SIGNED	
	/	foseph 1	-	relson	M.O.	PHYS.	OIRECTOR			ctober	
	22c. PHYS/C/	AN'S	1			22d. AOORESS T	he Cl	inical Cer	nter,	Natio	nal
	NAME (T	Joseph H	461	son, MD		Institute	s of	Health, Bet	thesda	Mary	land_
23			REOF	23c. NAME OF CE	METERY	OR CREMATORY	23d. I	LOCATION (City, to	wn or coul	nty	(State)
	REMOVAL (Sp	egify) Del31	1966	(Polizante	n Al	ational	(1)	Muslo	1. L	wais	nia
20	EUNERAL DIR	CIOR	100	AOORESS,	11/10	25a. RE	C'O BY REC	SISTRAR 25b. RE	GISTRAR'S	SUGNATURE	
0	Tint. h	1/4 2021 Co	2001/	DI-MAIL IN	1/ not	MO DATE O	CT 2	1 1986	Clar	to Ju	age.
1/4/		1111111 10 7	11 11 11 11 11 11	1717 /17001/ 11	1 6-720.0 1	/ / / I (ID F I		A IVE - //		//	The state of the s

* * *

	District to delimite		green man
		V= 1	
	11. Tarih mana, 4.	ADLA, IN , MARKET	e endros testales un
	indus-1 same		dale
	2304F304H		or lab sizes
	(M140
	- I work winight		ngill i a digress
	The state of the s		
THOU AND	The state of the s	13 years2 g-+102 br 3	
repolitions 1.		1012 1000	
	a mondrid to the sea	10 10 2940	
,	area 4 -1 BU 1 F	and the same	No princes

THE STREET OF STREET

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the butiol-transit permit. Then peops remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician. 00

		:	INTICAL	KEDEAILC	CEDTI	FLC A TE	OF DEATH	LI, DA	innone, maki	LAND 212			
	14381		200		CEKII	FICATE	OF DEATH			438	1		
	PLACE OF DEATH				MATERIAL DE		2. USUAL RESIDENCE	Where dec	eosed lived, if institu	tion: Residence	e before	odmissio	n)
	o. COUNTY		Count	- 47 -	MAI	RYLAND	a. STATE 1270	T 2b	ringtee do	Mor	tant	nery	C
	b. CITY OR TOWN (ontgomery If outside corporote I	imits,	, (.	LENGTH OF STAY		c. CITY OR TOWN (If ou	tside corp	orote limits, write RU	RAL ond give			lella
	write KUKAL and	d give nearest town)			/		Cilore C		- Manuel a	m d	,	- 1	
-	d NAME OF HOSPIT	Spring, A	f not in hos	nitol nive	4 days		d. STREET ADDRESS	prin	ig, Maryla	iid	I e	IS RESID	ENCE
	u. Mante of those is	AL OR INSTITUTION (I	12	325 1	New Hamp	shire	Ave					ON A FA	IRM?
	The Cold	onial Vil	la, S	lver	Spring.	Md.	12701 Sp		tree Driv			ES 🗌	7000
3.	NAME OF DECEASED		First	-	Middle	,	Lost	4. DAT			Doy	Yeo	
	DECEASED (Type or print)		bert	2	HONNEN		Humphrey	DEA	111	0	2		66
S.	SEX	6. COLOR OR RACE	7. MA	RRIED _	NEVER MARRI	ED X	B. DATE OF BIRTH		9. AGE (In years lost birthday)	Months 1	YEAR Doys	IF UNDER Hours	Min.
	M	W	WID	OWED [DIVORC	ED 🔲	10-13-49		16 yrs.	monnis	DOTS	110013	193161.
100	. USUAL OCCUPATION	(Give kind of work d	one		OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or	r foreign country)		IZEN OF	WHAT	
dur	ing most of working	life, even if refired)		INDUST	2 SCH	500	Washington	D	C		UNTRY? ⊇ric	an	
13.	FATHER'S NAME			11011			14. MOTHER'S MAIDEN I		0.	Fillit	2110	all	
	Tomos T	Humphre	. C.				Hyman, A	nn A	4200				
15.	WAS DECEASED FVE	R IN U.S. ARMED FORCE	ES?		AL SECURITY NO.	17. 1	NFORMANT	*!!!!	Addr	ess			
	es, no, or unknown)	(If yes give wor or do				1.1.	7 11	1		one o	9 4	とっ	
	No	No				100	Mes I. HUMP	nrey	377	ON C			
		EATH (Enter only ane TH WAS CAUSED BY:	cause per l				(Missad +	201	towns			RVAL BET ET AND D	
	100	IMMEDIATE CA	USE (o)	Ca.	of test	ticle	CHIKAGII	tha	10mac)		6	MOI	ITAS
	1/3/		DUE TO										
	Conditions, if ony	, which gove	(b)										
	stoting the unde		OUE TO										
	lost.)	(c)		0								
Z	PART II. OTHER SI	GNIFICANT CONDITION	S CONTRIBL	ITING TO D	EATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CON	IDITION G	IVEN IN PART 1(0)	Mali	19.	WAS AUTO	PSY
9											YES		NO D
FEC	20o. ACCIDENT WA	S UNDERLYING 🗆		Ob. DESCRII	BE HOW INJURY	OCCURRED.	(Enter noture of injury in	Port I or I	Port II of item 1B.)	11,594			
CER		MEDICAL EXAMINER)											
MEDICAL CERTIFICATION		JRY Month, Doy, Yea	or .	204 INITIR	Y OCCURRED	20e PLA	CE OF INJURY (Home, form	201	f. (City or town)	(Cou	intv)	- (Stote)
9	Hour o.r	n.		While	Not While	foct	ory, street, office bldg., etc.)		. (elly ev lettin)	1200	,,	,	5.0.07
	p.r	11.		ot work L		1.6	the second	2000	10/000	10/	2 .1		
		fy that (I) (this		attended	the deceased	d fram	t deoth occurred at	11115	, to 10/2		€, the	of (I) (ve) lasi
		eceased alive on	101	de	1900,	ana tho	r deoth occurred at	11 3	m, fram causes				above.
	22o. SIGNATURE	1/2		10	101		ATTENDING 🔂	MED.	STAFF -	7 22b. DA	TE SIGNE	11	
- 0	an allegation	1. Lece	14010	10	000	M.I	D. PHYS. 22d. ADDRESS	DIRECTOR	PHYS. L	1 10	12	00	
	22c. PHYSICIAN'S NAME (Type	1		1 G			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	svil	1 P1 0	5.1.56	/4	H	
		0.20	אהרים		UIA					1	אוק	760	
230	REMOVAL (Spenify				3c. NAME OF CEN	METERY OR	CREMATORY	23d.	LOCATION (City or To		(County)	111	tote)
R	741111	- /	1170	66	MIE OF	TIE	HUEN CEM	211		1000	YONI		13
24	FUNERAL DIRECTO	Rilana	20.6	7	ADDRESS	(n	2So. RECT	BY REGI		EGISTRAR'S SI	GNATURE	0,,,	48
6	V.W.C.	MINOCI	163	N.C.	MUEN,	PRIN	DATE D	CT	1956	Aura	reles	A CONTRACTOR	1

The state of the s Managerian . Dis . of true world have been a fine of the common of the c Land the Committee of t And the property of the first and the continue of the spiritual of .r. Josiah Pattun Brookeville, M.

·... e 3...

iner, , 221-22

Princis L. Frier waytensyline, H.

urial 10-3-of St. John

sens a breening

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 5 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after contact.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	14383	Item #7 F	CERTIFICAT	E OF DEATH		14383	
1.	PLACE OF DEATH a. COUNTY	'mal	244	2. USUAL RESIDANCE (V a. STATE	Where deceased lived, If instit b/COUNTY		admission)
-	b. CITY OR FOWN (If or write RURAL and gi	utside corporate limits.	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	side corporate limits, write	RURAL and give near	rest town)
	SILVEI	R SPRING		Bracford	KEST 140	ma	15-1
-	d. NAME OF HOSPITAL	OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS	. / C.	e. IS R	A FARM?
-	Dradfor	id liest 4	tome	151 9	ilvar pr	ing YES	NO 1
3.	NAME OF DECEASED (Type or print)	harks	HENRY J	Tackson 4.	DATE OF DEATH	3 1	
5.	Mala 6. co	DLOR OR RACE 7. MARRIED WIDOWED		7-25-98		UNDER 1 YEAR IF UND onths Days Hou	
	. USUAL OCCUPATION (Gi	, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WH	IAT
13	FATHER'S NAME	140		14. MOTHER'S MAIDEN	NAME	11,21	1
	UNKI	NOWN		UNKA	OWN		
	. WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17.	INFORMANT	Address	. 11	
	NO	2/	6-30-3639 Ke	ecord Brad.	ford Hur	Ding Ho	me
	18. CAUSE OF DEATH PART I. DEATH W	[Enter only one cause per]	ine for (a), (b), and (c).]	1 1/2	· wha -	INTERVAL INSET AN	D DEATH
	IMM LLILD V	EDIATE CAUSE (a)	- ELESVO	of Then	is volume	2/0	ay
	Conditions, if any, w	which) DUE TO	upanto	F 14 810	n /		1
	gave rise to immed cause (a), stating	diate		1. 1.	CIID		
Z	underlying cause last.	(c) 1	Haus	cleriti	_ 20 1	1),	ALITOREY
CERTIFICATION	PART II. OTHER SIGNIFI	ICANT CONDITIONS CONTRIBL	JTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PA	RT1(a) 19. WAS PERF YES T	ORMED?
CERTIF	20a. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY M	NDERLYING 20b. I CAUSE OF DEATH EDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of inju	ury In Part I or Part II of	tem 18.)	
	20c. TIME OF INJURY		NJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm,	20f. (City or town)	(County)	(State)
MEDICAL	Hour a.m. p.m.	While at worl	Not while	ory, street, office bldg., etc.)			
	21. I certify that	(I) (this hospital) attend	ed the deceased from			, 1966 that (1)	
	saw the deceased	d alive on 10 = 3	1966 and tha	t death occurred at 94		nd on the date stat	ted above.
	22a. SIGNATURE	ne 6. 14	choon M.	D. ATTENDING MED DIRE		16-3-1	66
	22c. PHYSICIAN S NAME (Type)	70.5	. /	202 May	hin La. Roc	hista	Md
23	BURIAL, CREMATION BEMOVAL (Specify)	, 23b. DATE THEREOF	23c NAME OF CEMETER	yor Chematoryh.,	23d. LOCATION (City, tow Damacus,	n or county)	(State)
24	. EUNERAL DIRECTOR	0 1	ADDRESS Rockville	, Mo 25a. REC'D	1 00	ISTRAR'S SIGNATURE	E
	Robert L.	Sunden	HOCKATTTE	DATE OC	T 11 1956	Maries J.	0

VR A15 (4) 15M 4-64

Comment - 1 14 coul 2 151 Description less money A good of the said three for the AND TO THE STATE OF THE STATE O

MARYLAND 21201

o STATE

2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)

b. COUNTY

0	Division of ST	MARYLAND STATE DEPARTMENT OF HEALTH ATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE,
~ ~	14384	CERTIFICATE OF DEATH

funeral 1 and 2 er death. be executed within 24 hours after death. by his Pages ely filled in by the f bon papers. Pages , within 72 hours aff ATTENDING PHYSICIAN: The law requires that the death certificate OR TO HOSPITAL

PLACE OF DEATH

o COLINTY

	nysician and cample	please remove ca	al, and in any even	
pliysicidii.	signed by the attending a	burial-transit permit. The	burial, crematian, or remov)
rage 4 lindy be letting by the hospital of differential physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample	director, page 3 should be detached for use as the	should be filed with the State Dept. of Health prior to	
- 5	0 1	113	14	0

MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and over necessity own) c. LENGTH OF STAY IN 1b c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL ORANSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NO 3. NAME OF Middle Lost 4. DATE Month Dov Year DECEASED OF 19 (Type or print) DEATH S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years lost birthdov) Months Doys Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 71. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if refired) INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (cl.) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse Cu chexun last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CATION YES X NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work March 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at _M, from couses and on the date stated above saw the deceased olive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 234 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (Stote) REMOVAL (Specify) 10-10-66 baytonsville, Brookes Grove whurch ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24_FUNERAL DIRECTOR Rockville, Nia .

ELECTION OF THE PROPERTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14385

CERTIFICATE OF DEATH

14385

3		PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceased						
		a. COUNTY	_		144 600		o. STATE	1 ,		INTY Har				
		14101	ngomen	24	MARY		XIARY	And		RINCE		COR		
	-1	b. CITY OR TOWN (I	f autside carparate limi give nearest tawn)	its/	c. LENGTH OF STAY IN	d l b	c. CITY OR TOWN (If 6u	tside corparate	limits, write RU	RAL and give	e nearest	t tawn) 0	'	
	-	Takome			5 weeks		LAUREL					10.	2	
		A NAME OF HOSPITA	AL OR INSTITUTION (If n	at in hasnital	nive street address)		d. STREET ADDRESS				T e	. IS RESID	FNCE	
71		d. ITAME OF HOSTIF	C OK INSTITUTION (II II	iai iii naspiiai,	give sireer address;			1	11-			ON A FA	ARM?	
//		Ashingto	in Sanita	RILLM	E HOSpitA	4/	3299 Jud	leas VI	116)	YES	NO NO	
	3.	NAME OF	F	irst	Middle		Last	4. DATE	Man	ith	Day	Yea	r	
		DECEASED (Type or print)	MAbel	E	lizabeth	Ackson	OF DEATH	oct	7	16	19 6	66		
100	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years	IF UNDER		IF UNDER	24 HRS.	
	F	-e	white	WIDOWED	DIVORCED		2/13/01	HOS O	lost birthday)	Months	Days	Hours	Min.	
	100	. USUAL OCCUPATION	(Give kind of work dane	10b. K	IND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or fore		12. CIT	TIZEN OF	WHAT		
	duri	ing most of working	ife, even if retired)	11	NDUSTRY			- 10	,,	(0)	UNTRY?			
ш		flousewi	fe				Penna.				U.S			
-6	13.	FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME						
	F	dward	T. 11-				1)	A C .						
			R IN U.S. ARMED FORCES	1 14	SOCIAL SECURITY NO.	17 1	NEODALANIT	AWSO	Addr	racc .				
	(Ye	es no. or unknown)	(If yes give war ar dates	af service)	SOCIAL SECURITE NO.	17. 1	NFORMANI W. S.	. E H	Audi	622				
13		- 4000 .			0	14.	ospital R	ecord	5 7	AKOM	IA	PARK	MI	
		18. CAUSE OF DE	ATH (Enter only ane ca	use per line for	r (a), (b), and (c), VOX	cel	ly Hereate.	Coma	70		INTE	RVAL BET	WEEN	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s) of subly Hegatic Coma 20										ONSET AND DEATH		
		1997	IMMEDIATE CAUSE		facel	ore	in marin	ug			21	0		
		11100		E TO	00						u	rkent	wa	
		Canditians, if any,	which gave	(b)										
49		rise to immediate		E TO										
	stating the underlying cause (c)													
			, , , , , , , , , , , , , , , , , , , ,	(t)							Lin	1414.6 4117.0	DC1/	
1	z	PART II. OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO 1	HE TERMINAL DISEASE CON	IDITION GIVEN	IN PART 1(a)		19.	WAS AUTO PERFORME	EDS IBZA	
0	Chroner Congestive Failure									y E		NO F		
	FIC	20g ACCIDENT WAS	IINDEDIVING -/	20h D	ESCRIBE HOW INTHINY OF	CLIDDED	Enter nature of injury in I	Part 1 or Part 1	U of itom 18)		1 10 10 10			
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter-neture of injury in Part 1 or Part 11 of item 18.)												
-		(IF EITHER, NOTLEY	MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJU	IRY Month Day, Year	20d.	NJURY OCCURRED		E OF INJURY (Home, form		(City or town)	(Coi	unty)	(5	Stote)	
	WED	Haur a.n	1.	While		fact	ory, street, office bldg., etc.)							
		p.n		01 110			2.111		- 1		//	411 4		
		21. I certif	y that (I) (this ho	spital) atter	ided the deceased	trom		9.66 to					we) last	
-		saw the de	ceased olive on_	10/14	19_ <i>66</i> , c	and that	deoth occurred at,	8:15AM,	from couses	ond on t	he date	e stated	above.	
	ч.	220. SUGNATURE	//	7					40.00	22b. D	ATE SIGN	ED		
		Kus	ull G. B	whole	1	M.C	ATTENDING PHYS.	MED. DIRECTOR E	STAFF PHYS.	7 100	+15	196	6	
				1	740	WLL	22d. ADDRESS	DIRECTOR E	FRID	100	./3/	1/6	9	
1		22c. PHYSICIAN'S NAME (Type)	F 110	072 -	1: 5m	7	16307/	n 2	· - /	Level.	1 /	11	m6/	
1			Dusse//(LOUFA	-/10 m	-	1/7-7 00	record	eccy for	or pe ce		11.	7.40	
	230	BURIAL, CREMATIC	N, 23b. DATE IL	HEREOF .	23c. NAME OF CEME	TERY OR	CREMATORY	23d. LOC/	ATION City or To	own)	(County)	(5)	tatel	
	6	REMOVAL (Specify	1 Dit 18	1066	-6	7	011:10%	11/11	EllACD-15	bul-F-	110-11	-6/9	-	
. 10	69		100101	700	1000	urc	KITCH DON		0/0	VIVA A	4214	L'U	0	
	24	. FUNERAL DIRECTO	1.11	1	ADDRESS	00	2Sa. REC'D			EGISTRAR'S	GNATUR	t o		
		1/18/1/11	5 21/0/10 so.	254	CABBALLA	7 1	DATE	JCI 18	3 1966	yche	arle	7 Jus	lee	
	_	(All Bell)	· CONTRACTOR OF THE PARTY OF TH		LOCKER LANGE CO. D. C.		1 8185					-	-	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then prouse remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

The first open in the country of the first of the country of the c Water State of the same

The section of the section of

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14386	CERTIFICATE	OF DEATH	ermone, manteanto	14386
1.	PLACE OF DEATH O. COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE VARY/or	b. COUNTY P	Rince Georges
	b. CITY OR TOWN (If outside corporate Vimits, write RURAL and give nearest town 31/UCR SPRING d. NAME OF HOSPITAL OR INSTITUTION (If not in ha	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ourside con	The second second second	give nearest town) 1 6 2 1 e. IS RESIDENCE
7	Holy Cross Hosp. 1		850501 GL		ON A FARM? YES NO
L	NAME OF GIRST GIRST (Type or print) SEX 6. COLOR OR. RACE 7. MA	Joseph	Lost 4. DA OF DEA	ATH October	Doy Year 19 L DER I YEAR IF UNDER 24 HRS.
	M white WID		Det - 10, 1966 11. BIRTHPLACE (County & Stote, C	lost birthdoy) Month	
di	uring most of working life, even if retired) 3. FATHER'S NAME	INDUSTRY	MONTAGOMERY 14 MOTHER'S MAIDEN NAME	M Cd	COUNTRY?
1	Joseph Ross Joi		HARJORIC. WFORMANT	ANN LIP	دم
(S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) ((If yes give wor or dotes of servic	UC	escph Ross J	ohn, SAM	IC AS Above
	1B. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) O DUE TO Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost. (c)	Intractana in a new,	born upas	age .	INTERVAL BETWEEN ONSET AND DEATH
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CEPTIFICATION	(IF EITHER, NOTIFT MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or	Port II of item 1B.)	
MEDICAL	p.m. 17	While Not While of work of work	ry, street, office bldg., etc.)		(County) (State)
	21. I certify that (I) (this hospital) saw the deceased alive an Oc. 220. SIGNATURE	attended the deceased fram." 4. 12 19 66, and that	attending — MED.	AM, from causes and or	19 <u>6e</u> , that (1) (we) las In the date stated abave DATE SIGNED 12, 1966
		Neubengen	22d. ADDRESS	0 1 0	ilver Spring
	30. BURIAL (REMATION, BUNDALE THEREOF 10/17/6		Charles and the control of the contr	ilver spring	
1	24THYSON REWIRE eler Funera	1 Home ADRES1 Tock	cville 29 iRE BY REC	GISTRAR 25b. REGISTRAR	es signature

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

66 6

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 hours offer death

The state of the second state of the English Carlos Last of Total Last Parking Total THE COURSE OF THE PROPERTY OF Social Market and the office of

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4387 CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
Montgomery Marylan	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	
Silver Spring 5 yr.	/3 -/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	ess) d. STREET ADDRESS 9. IS RESIDENCE ON A FARM?
11912 New Hampshire Ave.	11912 New Hampshire Ave. YES NO
3. NAME OF Edgar Firstrenton Middlehns	Last 4. DATE Month Day Year
(Type or print) Edgan Trenton	Johnson DEATH Oct. 13 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	¬ 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED	April 8, 1894 72 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	COUNTRY?
Carpenter Construction	Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James E. Johnson	Martha E. Lucas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service)	17. INFORMANT Address
no 212-14-5308	Helen Doheny Silver Spring, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Con gesting	6 - + Lachung 24-48h
1/-2 2 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conditions, if any, which) 2 + / / (C) Sease. 2-3
gave rise to Immediate (b) Generalizecy	autoriosdervice (audiovasc x-3 yrs.
cause (a), stating the DUE TO	
underlying cause last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5 Generalzed authitis Prasta	/ VEO 1 110 12'
20a, ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY	OCCURRED. (Enter nature of Injury In Part II of Item 18.)
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour e.m. While Not While	factory, street, office bldg., etc.)
	12 × 12 × 10 (1 (1) (1) (1)
21. I certify that (I) (this hospital) attended the deceased from	1960, to 1307, 1966, that (1) (we) last
	that death occurred at A.M. from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED STAFF
Civer & Lauren	M.D. ATTENDING MED. DIRECTOR PHYS. Oct. 13, 1966
22c. PHYSICIAN'S	22d. ADDRESS Silver Spring,
NAME (Type) Ernest E. Harmon	9301 Colesville Road Me.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME	TERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEME Purial 10-17-66 Mt. C arme	
24. FUNERAL DIRECTOR ADDRESS	1 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Francis H. Barber Laytonsville, F	1d. DATE OCT 18 1966 Clianter Judge

5 (4) 1/65 AI5

				COUNT
XI OI	outrest balyrest		240	as Stuck
	ilver sortny			· · · · · · · · · · · · · · · · · · ·
.5.7	912 New Companies		agernt n	
13 66	00		J. ASSESS	
	12 3, 1791 72			Land of
US.	.0	a noithman	Coni	Carpentar
	r ha L. Lucas		. Johnson	Jakes
.51 ,71	Dollery Silver por	usis (654-)	212-1	00
10t. 13, 196	x	7		
ctiver coring,	301 Colesville Read	4	morral . Name	
, DE	consolur,	t. Courel	10-17-66	rurial
	POD more	oblie, Ma	erver Lavio	rancis

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14388 4388N

1. PLACE DF DEATH a. CDUNTY						2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
		ID	a. STATE Pennsylvania b. COUNTY									
	b. CITY OR TOWN	ntgomery N (if outside corpo and give nearest to	1b	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)								
		thesda		Chambersburg 75 3								
-	d. NAME OF HOS	PITAL OR INSTITUT	ION (if not in	hospital, give street addr	ess)	d. STREET ADDRESS e. IS RESIDENCE						IDENCE
T	he Clinic	al Center	, Bethe	esda, Marylan	d	120 Ramsey	Avenu	е		YE	DN A F.	NO X
3.	NAME OF DECEASED		First	Middle		Last	4. DATE	Mont	h	Day	Yea	r
	(Type or print)		Ira	Samuel		Johnson	DF DEATH	Octobe	270	22	196	6
5.	SEX	6. COLOR OR RAC	E 7. MARRIE	D X NEVER MARRIED	7 8.		9.	AGE (In years	IF UNDER 1	YEAR IF	UNDER	24 HRS.
	Male	White	WIDOWE		1 2	7 December	1928	last birthday) 37 yrs.		Days	Hours	Min.
10a dur	. USUAL OCCUPAT	ION (Give kind of wo	rk done 10b.	KIND DF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co			() 12. CIT	IZEN OF	TAHW	
	Draftsma			Ingineering		Pennsylva	ania			S.A		
13	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME				-1-11	
4	Clarence	Johnson				Helen Wi	ser					
	. WAS DECEASED E	VER IN U.S. ARMED		6. SDCIAL SECURITY ND.	17. 1	NEDRMANT The M	edice l	Recoaddre	ss		- 9	
(11	Yes	(If yes give war or date 1950-195		62-22-6305		e Clinical				[לדרים	മെപ്	
				line for (a), (b), and (c).]	1110	S CITILICAL (center	Decines	ua p Pi	INTEDA	IAL DET	WEEN
		ATH WAS CAUSED I	BY: Mo	ssive Esopha	rea.	Hemorrhag	0			ONSE	OUT	EATH
	1919	IMMEDIATE CAUS	- (-)	rapive Haopita	gea.	I Hemorriag		ophagus		7, 11	our	-
	Conditions Is		E TO	hankakia mal		N-7				0		. 1
	Conditions, If a		(b) IVIE	etastatic mal	ign	ant Metanom	a inva	aing/		2	Mont	ns_
	cause (a), st	ating the DL	E TO									
Z	underlying caus			mary Maligna							Year	
CERTIFICATION				BUTING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL D	ISEASE CON	DITION GIVEN IN	PART 1(a)		VAS AUTERFORM	
E	20a. ACCIDENT	hrombocyt was underlying i	1 20h.	DESCRIBE HOW INJURY	OCCUR	RED. (Enter nature of	injury in Pa	rt I or Part II o	of Item 18.)	1120	TA .	
	OR CONTRIBUTION (IF EITHER, NOT	NG ☐ CAUSE DF DI TIFY MEDICAL EXAM	EATH MINER)				,,					
CAL		NJURY Month, Day	, Year 20d.			E OF INJURY (Home, fa		City or town)	(Coun	ty)	(S	tate)
MEDICAL	Hour a.m		9 at wo	e — NOT MULIE —	actory	y, street, office bldg., et	16.)					
	21. I certify	v that 00 (this ho		ded the deceased from	2	8 Sept. 19	66. to	22 Oct.	1966	tha	OK (w	e) last
		eased alive on	22 Oct			death occurred at 7						
	22a. SIGNATUR		-		- III		М.		22b. DA			
	X	eron	tac	30	M.D.		MED. DIRECTOR	STAFF PHYS.	10/23	2/66		
	22c. PHYSICIA							nical Ce			ions	1
	NAME (Ty	Leroy	Fass, M	D.		Institute	s of H	ealth, F	lethes	da .	Md.	
23a		ATION, 23b. DATI	THEREOF	23c. NAME OF CEME	TERY	OR CREMATORY	23d. LO	CATION (City, to	own or coun	ity)	(Sta	ate)
	REMOVAL (Spe	10	/26/66	Parklaw	n l	Memorial	Cha	ambersb	urg		F	a.
	. FUNERAL DIRE			ADDRESS		25a. REC	D BY REGIS	TRAR 25b. R	EGISTRAR'S	SIGNAT	URE	
R	obert.A	.Pumphre	y F.H.	.7557 Wisc.	Ave	DATE O	CT 25	1956	May	1. 1	3	
				Bethesda, M	a.	, DAIL W	- : ~ 0	IUU0 /	may	Cly	uds	

VR A15 (4) 20M 1/65

TERRET TO THE PERSON OF THE PE

- danger many and the

The olivited septem, Dusquiet, Metricust 120 prises steams to

heren Pens, Mr.

M. Mandall Honoral Especia

AND THE STATE OF THE PARTY OF THE STATE OF T

and the state of t

recipros, sometimes, commentantes, versions seriosed seriosed

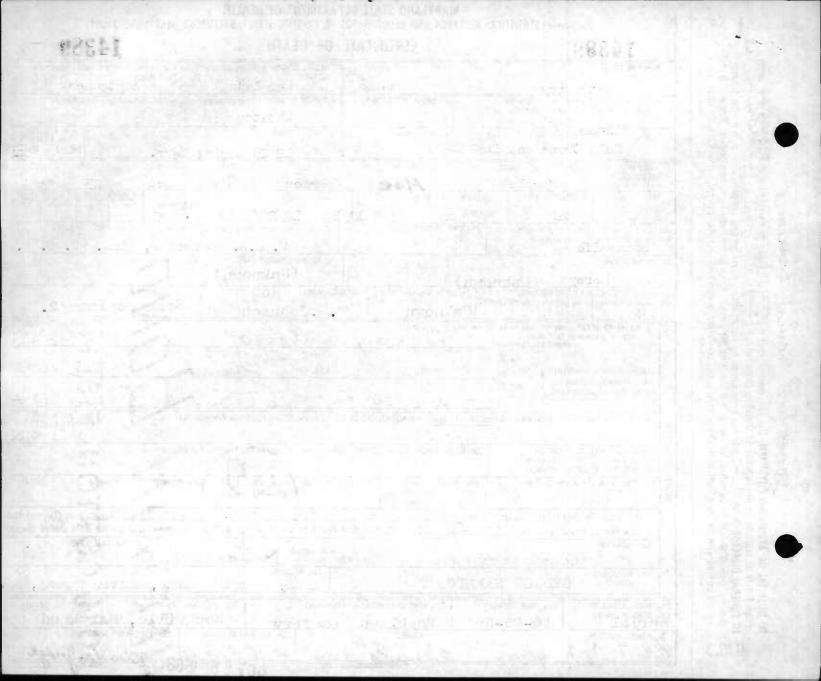
the first that the same of

Mental a second of the plant to administ an entire a second

The United Later 1 to Decree 1

Livered the largest avalated delegate

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14389 death. and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY. Maryland Montgomery Montgomery MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Wheaton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Holy Cross Hospital YES NO F certificate be executed within carban 3. NAME OF Lost 4. DATE Year DECEASED Mae Myrtle Johnson 1966 DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Hours Months Doys WIDOWED DIVORCED Cau 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife COUNTRY? INDUSTRY U. S.A. Rochester. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME (Unknown) Morey (Unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Son Address (Yes, no, or unknown) (If yes give wor or dotes of service Same as Item 2. W.E. Johnson Unknown No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSELAND DEATH monar IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) arterionelerosis 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. TO FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased fram Abril 1966, to 1 director, page 3 shauld should be filed with the 1966, and that death accurred at 11:02AM, fram causes and an the date stated above. saw the deceased alive an Oct 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S SKENTON GEORGE NAME (Type) 10829 Georgia Avenue, Silver Spring, Md 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) Burial (Specify) Rockville, Maryla nd Parklawn Cemetery | Koc
ADDRESS / 250. REC'D BY REGISTRAR 0-26-66 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE



FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page any delay is TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department af V event within 72 haurs after death.

This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY MEDICAL EXAMINER:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

21	AN		14390 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	5511
TH	DEPT.		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence	
ge	to di		COUNTY MARYLAND	o. STATE M.C.I b. COUNTY MO	nt.
Page	dea		. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	neorest town)
PM3.	partment af after death.		write RURAL entry give necress fown)	Bethesda.	15.1
	e pa		. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Page 4 shauld be farwarded ta the Chief Medical Examiner's Office alang with farm or your files.	e State Department 72 haurs after deat		7045-10/1/5 on Lane,	7045 Wilson Lane -	YES NO NO
/it	Sta 72 h		IAME OF First Middle	Losty 4. DATE Month OF	Doy Year
5	# .⊑		(ype or print) Anna ///argaset	Sart DEATH UCT	26 19 66
alan	with the	S.	MEAD WHYKIED	DATE OF BIRTH 9. AGE (In years IF UNDER) Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
Ce	and 2 v	1	emale White WIDOWED [DIVORCED []	3/30/99 67 yrs.	
0	land 2 event	dur	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	(0)	IZEN OF WHAT JNTRY?
STS	e e	4	Homestic	termany	U.J.H.
nin	To go			14. MOTHER'S MAIDEN NAME Unknown	
Exar	File			IFORMANT Address	
0			, no, or unknown) (If yes give wor or dates of service)	spital records	
edi	it permit. remaval,			Sproar 1000rds	INTERNAL RETURNS
ef N			1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Myocardial infarct:	ion, recent and remote	INTERVAL BETWEEN ONSET AND DEATH
Chie	trans 1, ar		1420 Due 10	zori, recerto ana remove	2 day
the	a burial-transit cremation, ar re		Conditions, if ony, which gove) (b) Coronary arteriosc	lerosis	Years.
ta	a bu remo		rise to immediate cause (a). DUE TO		
ded			last. (c)		
War	used as burial,	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
far	to p	ATIO			YES X NO
pe	d b	CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY 🗆 or CONTRIBUTING 🗆	inter noture of injury in Port I or Port II of item 1B.)	
pluc	3 should	L CER	CAUSE OF DEATH.		
shaul files	agent,	MEDICAL		E OF INJURY (Home, form, 20f. (City or town) (Courry, street, office bidg., etc.)	nty) (Stote)
le 4	age	ME	Hour o.m. p.m. 19 While Not While of toctor	y, sneer, ornice blug., etc.)	
Pac	CTOR: Pa		21. I certify that I took charge of the remains described above, held		ond in my opinion
tar.	FUNERAL DIRECTOR: Page solth or its designated age		deoth resulted from: Noturol couses 🔀 , Accident 🗍 , Suicid		
lirec	desi		ACTUAL John D. Ball.	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
ol o	its		JIONATORE	_M.D. ASSISTANT MEDICAL EXAMINER 10/27/6	
uner v be	JERA h ar		EXAMINER'S NAME (Type) John G. Ball, 7936 Old George	etownder ond in the thesida Maryl	and
the funeral directar. 5 may be retained f	FUNE ealth	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR		(County) (State)
= ~	2 ±	R.	REMOVA (Specify) 11/2/66 Ft Tincol	n Prince George Co	o Md.
	al.	24	FUNERAL DIRECTOR 13 ADDRESS OCK VILLE ON Wheeler Funeral Home Rock Ville, M.	1 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	GNATURE
VR A	15ME (5)	'y	son wheeler Funeral Home Rockville, "	aryland NOV 2 1866 fclia	wees judge
		-			

T OUR FE

all topics of the se

nemore may Indoor, make the believe to

AND THE REAL PROPERTY.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CAN !			14391	CERTIFICATE	OF DEATH		14391
ungrat and 2 deeth			LACE OF DEATH . (OUNTY	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	here deceosed lived, if institution b. COU	nion: Residence before odmission) NTY Montgomery
the fa		t	CITY OR TOWN (If outside corporate Units, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN Of out	side carporote limits, write RU	
in by ers. P		T	NAME OF HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d. STREET ADDRESS	apring	e. IS RESIDENCE ON A FARM2
filled n pap ithin	71	3. 1	IAME OF First	Middle Middle	9506 B	6/+ MORE. I	th Doy Year
oletely carbo ent, w		S. S	PECEASED Type or print) OBERT EX 6. COLOR OR RACE 7. I	Eccles	Kay 8. DATE OF BIRTH	OF DEATH / C	7 - 15 19 66 I IFUNDER 1 YEAR IF UNDER 24 HRS.
d cam mave iny ev		3.	4 1 A11-	MARRIED NEVER MARRIED DIVORCED DIVORCED	9-10-82	last hirthdoy)	Months Days Haurs Min.
an and ase re		duri	USUAL OCCUPATION (Give kind of work dane age of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY ON THE CONTROL OF	11. BIRTHPLACE (County &	State, ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
physici en ple aval, a			FATHER'S NAME	Kar	14. MOTHER MAIDEN N	AME	
the attending physician and campletely filled in by the funeral sit permit. Then please remave carbon papers. Pages I and notion, acremaval, and in any event, within 72 hours after deep			WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give wor or dotes of serv	viceY	INFORMANT EVEL	in Sokles Add	16 Dallas Ave.
physician. signed by the attendir burial-transit permit.		Ĭ	18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY:		tere shows	have Si	INTERVAL BETWEEN ONSET AND DEATH
by rer			IMMEDIATE CAUSE (o) _ DUE TO Conditions, if ony, which gave)	Farmer Gas	ent sonor	magr	140al.
			rise to immediate cause (a), Stating the underlying couse	() accenous o	J Growner		7 70000
al ar attending icate has been far use as the Health priar ta		NOL	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	5	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	Port I ar Part II of item 18.)	113
the h this detac		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a.m.		CE OF INJURY (Home, form, tary, street, affice bldg., etc.)	, 20f. (City ar town)	(County) (Stote)
R: After			21. I certify that (I) (this hospita sow the deceased olive on) attended the deceased from_		9/26, to OPE 15	ond on the dote stated above
be retained DIRECTOR: / ge 3 shauld led with the		ц	220. SIGNATURE	1. \ 5.40	ATTENDING 🖂	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	1		22c. PHYSICIAN'S NAME (Type) W. B. W.A.	ROROP, MD.	22d. ADDRESS	ashing Drive	Silver Spring 140
Page 4 may O FUNERAL directar, pa shauld be fi		230	DEMOVAL (Sparify)	F 23c. NAME OF CEMETERY OR 1966 Rockville Uni		23d. LOCATION (City or To	44.1
VR A15 (4) 20 M 1/66	2	24	FUNERAL DIRECTOR FUNERAL DIRECTOR THE STATE OF THE STAT	ABARRESS Georgi	25g PEC'D		EGISTRAR'S SIGNATURE Clearly Judge

1432 . . . 1 The second second second was and a color of the color of the color 10000 Land of the control o

executed within 24 hours after death

requires that the death certificate be

physician

death

after

haurs

ban papers. within 72 ho

and in any event,

DAG

em please physician

attending rem

signed by the attendi burial-transit permit.

as the has been Health priar to

this certificate for

detached

0

be filed with the

Dept.

State

permit.

pur

and campletely filled in by the funeral remave carban papers. Pages 1 and

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 14392 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) I. PLACE OF DEATH o. COUNTY ONT GOMER MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and dive nearest town) write RURAL and give neorest town) IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 0 A YES NO V DATE 3 NAME OF Middle Month Doy First Year OF DEATH DECEASED 19 (Type or print) IF UNDER YEAR IF UNDER 24 HRS. SEX B. DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Hours V DIVORCED WIDOWED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? INDUSTRY Mouse wi tre 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANI (Yes, no, pranknown) (If yes give wor or dotes of service LOCKWOOD INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO BIFURCATION Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse lost WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. While Not While ot work 1966, to 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an OCT 19 66 and that death accurred at 75 M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED STAFF M.D. PHYS DIRECTOR PHYS ADDRESS 22c. PHYSICIAN'S 2390 Glenmont Circle, Wheaton, Md NAME (Type) NAME OF CEMETERY OR TREMETORY 23c. NAME OF CEMETERY OK CHEMON. Elesavetgrad Cemetery 23d. LOCATION (City or Town) (Stote) (County) 23o. BURIAL, CREMATION 23b. DATE THEREOF 10-20-66 Burial Washington, 1966 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Bernard Danzansky & Sons St.N.W. Wash. D. DATE

O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After directar, should br VR A15 (4) 20 M 1/66

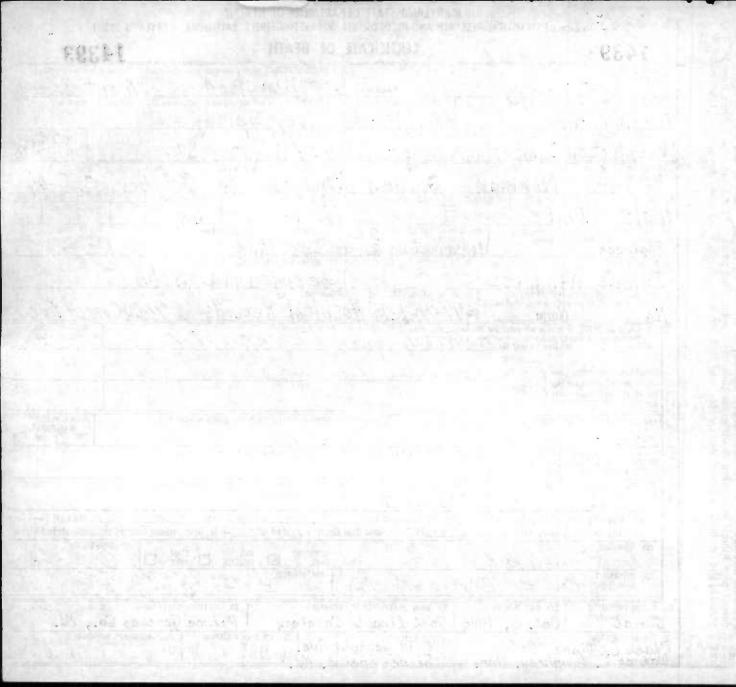
· 5 4 3 2 2 Market at the second state of the second state of the second

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14393	CERTIFICATE	OF DEATH		14393
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Whe	re deceosed lived, if institution	: Residence before odmission)
	o. COUNTY Mont gomery	MARYLAND	o. STATE Marv	land b. COUNTY	Montgomery
	b. CITY OR TOWN (If outside corporate limit),	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oursid	le corporote limits, write RURA	ond give neorest town)
17	a Koma Park	44 days 114 hrs 185	Silver S	prina	15-1
	d NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
W	lashinaton Sanitar	lum + Hospital	408 Wind	sor St.	ON A FARM? YES NO
3.	NAME OF First DECEASED	Middle	111	. DATE Month	Doy Year
C	(Type or print)	n Garaen n	inaness	DEATH OCTOB	EV 3 1966 IF UNDER 1 YEAR 1 IF UNDER 24 HRS.
13	111111111111111111111111111111111111111	MARRIED NEVER MARRIED 8.	DATE OF BIRTH 12 - 1 - 98		Months Doys Hours Min.
	D. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR D.C.	11. BIRTHPLACE (County & S		12. CITIZEN OF WHAT
aut	ing most of working life, even if retired)	Construction Gov't	Scotlani	d	COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE 10 11	
K	Tames Kindness		Georgea	nna Robk	
15	WAS DECEASED EVER IN U.S. ARMED FORCES?		FORMANT V	Address	
L	None None	577-07-4375 Ho.	spital Rec	ords 160	OCarroll Ave.
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	4	1 1 1 -	1 -1	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	acute myou	roed my	arclion	12 Ars
	4201 DUE TO		2 1		
	Conditions, if ony, which gove (b)	colonary oc	clusion		
	stoting the underlying couse DUE 10	0			militerate as a second
	lost. (c)_				
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE CONDIT	TION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
SATE	Bronchogneumo	nia, Secondary	anemia	- Emzhese	YES NO D
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED JE	inter noture of injury in Port	f or Port II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d. INJURY OCCURRED 20e. PLACE	OF INTERVALLE.	[204 (Cit. on town)	(6.1.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	While Not While foctor	OF INJURY (Home, form, y, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that (I) (this haspita	ot work U ot work U	guly, 19.	50 to 3 Ar laly	1966, that (I) (we) las
	saw the deceased alive an 34	sclober 1966, and that	death accurred at 3:	IDA.M, fram causes ar	nd an the date stated abave
	220. SIGNATURE	0 00	ATTENDING ME	D. STAFF	22b. DATE SIGNED
	Mussell B. 1	under M.D.	111101	RECTOR LI PHYS. LI	10-3-66
	22c. PHYSICIAN'S NAME (Type) Russell	B. Arnold M.D	22d. ADDRESS	ver spring	mon
230	D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR CE	REMATORY	23d. LOCATION (City or Town) (County) (Stote)
	Bremoval (specify) Oct. 5.	1966 Fort Lincoln	Cemetery	Prince Georg	
_	FUNERAL DIRECTOR	COL LA LIV ADDRESS -	250 PEC'D R		STRAR'S SIGNATURE
9	lark E. Wisor	8434 Georgi	A TUEL DATE OC	10 1300 /	The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 5 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and many event, within 72 hours after death Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14244 4394

3 300 3		74134
1. PLACE OF DEATH a. COUNTY Montgomery	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	Maryland Mont	tgomery and give nearest town)
	Rockville	120.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
11406 Viers Mill Road	508 Fletcher Place	ON A FARM? YES NO NO
3. NAME DF DECEASED (Type or print) WALTER - L-	KIRK OF DEATH OCT,	Day Year 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 last birthday) Months 1	YEAR IF UNDER 24 HRS. Days Hours Min.
Male White WIDOWED DIVORCED	12/5/99 66 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	/ / COL	IZEN OF WHAT UNTRY?
Controlman-Eng. Room U.S.Govt-Ret. 13. FATHER'S NAME		. S.
	14. MOTHER'S MAIDEN NAME	
Jay Bird Kirk	Sadie Tidd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Wife Address	
Yes WW I 577-01-8657 A	nna S. Kirk Same as It	em 2.
18. CAUSE DF DEATH [Enter only one cause per line for (3), (b), and (c) 1		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	AL INFARCTION MASSIVE	WETANT
4201 DUE TO 000 101	Angel District	11-11-
Conditions, If any, which (b) CONCRETALY A	MIRKY DISFISE ANGINA	YEARS
gave rise to immediate cause (a), stating the DUE TO	a ARTARIOSCLAROSIS	4
underlying cause last. (c) 17/1/1/ 1/1/0)/12		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
of PERMIC CIPCHONS WIN	144 DC 5471513	YES NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)	
	CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)	nty) (State)
Hour a.m. p.m. 19 While Not While at work at work	ry, street, onice diag., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	7/1 1963 to 10/16 1960	5. that (I) (we) last
	t death occurred at 10:050, from the causes and on th	
22a. SICNATURE		TE SICNED
MAIS LANGE M.D	D. ATTENDING MED. STAFF DIRECTOR PHYS. 10	16,66
22c. PHYSICIAN'S NAME (Type) CHARLES FARWELL	22d. ADDRESS 11406 Viers Mil Wheaton, Maryla	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		
10-19-66 Arlington		
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
ROBERT A. PUMPHREY, Bethesda, Mary	Land DATE OCT 20 1966 Policy	1. 0 .
· ·	DATE OUT & U 1305 gular	The Judge

VR AI5 (4) 20M 1/65

BUSEL

A THE LINE

Daniel Little Bus / Start

Stabil by Mine

otite Philip

- significant seeds a seed to be seed to be

Synamical and Park Company of the 2.

School market serves a server sold of

protection of the contract of

hand year of the

the court of the contract of t

Life s. Diligion , Deringmon, Lory Land

delay is

This certificate should be executed within 24 hours after death. If

penci

necessory, please execute the certificate, writing the word "pending" i the funerol director. Page 4 should be forwarded to the Chief Medical

or's Office along with farm in Item 18. Give Pages 1,

and in any

used os o buriol-tronsit permit.

Health or its designoted agent, prior to buriol, cremation, or removal,

O FUNERAL DIRECTOR: Poge 3 should be 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATIS	ICAL KEZEN	ARCH AND RECORDS, 3	OI M. PRESION SIK	EET, BALTIMORE,	MARYLAND 2	1201	
143	95	MED	ICAL EXAMINER'S	CERTIFICATE (OF DEATH	14	1395	
PLACE OF DEATH O. COUNTY	Montgomer	У	MARYLAND	2. USUAL RESIDENCE o. STATE Mar	Where deceosed lived,	if institution: Reside	ence before odmission) ntgomery	
b. CITY OR TOWN (write_RURAL_on	(If outside corporate limit id give peorest town) esda		c. LENGTH OF STAY IN 1b 30 Years	c. CITY OR TOWN (If o	c. CITY OR TOWN (If outside corporate limits, write RURAL and Bethesda			
	tal or institution (if no Highland		ive street oddress)	d. STREET ADDRESS 4600 Hi	ghland A	ve.	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	JOH	st	Middle JAMES H	Lost	4. DATE OF DEATH	Month Oct. 1.	Day Year 19 66	
s. SEX Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Dec. 17,19	9. AGE (II 65 bi	rthdoy) Months yrs. 9		
during most of working Lawyer		JN	nd of business or dustry egal	11. BIRTHPLACE (Stote	sin		OUNTRY?	
13. FATHER'S NAME Ignace	e Klak				Tomkow.	iak		
	ER IN U.S. ARMED FORCES? (If yes give wor or dotes of WWI & WV	f service)		uth H. Klak	- Wife -	Same Ite	m #2	
	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	(''/	(o), (b), ond (c).)	f Gan	creas		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if ony	to course (a)	(b): W	ith li	ver m	relast	usis		
stoting the under)	(c)						
PART II. OTHER S	IGNIFICANT CONDITIONS O	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PAR	RT 1(a)	19. WAS AUTOPSY PERFORMED? YES NO	
200. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.		. (Enter nature of injury in	Port I or Port II of ite	em 18.)				
Hour o.i	URY Month, Doy, Year m. 19	20d. IN While of work	Not While fo	ACE OF INJURY (Home, far ctory, street, office bldg., etc.		r town) (Co	ounty) (Stote)	
21. I certif		1	Accident , Su	icide 🔲, Hamicide		, Inquiry (2), nined manner (ond in my opini	
ACTUAL	1/2 1/		11/1	CHIEF MEDICAL	EXAMINER			

ASSISTANT MEDICAL EXAMINER X

22. DATE SIGNED

o. BURIAL, CREMATION

BUTTLET

Cify)

SIGNATURE

EXAMINER'S

23b. DATE THEREOF 10-5-66

NAME OF CEMPTERY OR CREMATORY Arlington Natl Cem. 23d. LOCATION (City or Town)
Arlington,

irginia

24. FUNERAL DIRECTOR

ADDRESS PUMPHREY, Bethesda, Maryland

2So. REC'D BY REGISTRAR OCT

1966

REGISTRAR'S SIGNATURE

7251-1 pour Pall vision - q D 6 20 miles on - 27 - into the into "Villette-Miles on pro-

Tourent, Tour III .

FOR STATE

delay is

pages 1 and 2 with the Stote Department of in any event within 72 hours after deoth. with form 5 may be retained for your files.

**TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Heolth or its designoted ogent, prior to buriol, cremotion, or removal, and

PM3. Poge 2, and 3 to 8-Give Pages 1, This certificate should be executed within 24 hours after death. necessory, please execute the certificate, writing the word "pending" in pencil in Item I the funerol director. Page 4 should be forwarded to the Chief Medical Exominer's Office MEDICAL EXAMINER:

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Item #23d Film #G382 MEDICAL EXAMINER'S 14396

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

		o. COUNTY Montgomery MARYLAND	O. STATE MARYLAND. b. COUNTY Montgomery						
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and giv	e neorest town)					
		d. NAME OF HOSPITAL OR INSTRUTION (If not in Jappitol, give street didress)	SILUER SPRING	e. IS RESIDENCE					
0		11907 Contented Rel.	d. STREET ADDRESS Centerhill 11907 Corrobosoboods.	ON A FARM? YES NO					
		NAME OF First Middle Melvin (Type or print) NAME OF First Middle Melvin (Type or print)	KLINE OF DEATH OCT	Day Year 17 19 66					
	S. :	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. BUT WIDOWED DIVORCED 6. BUT WIDOWED DIVORCED 6. BUT WIDOWED 6.	B. DATE OF BIRTH 1903 9. AGE (In years IFUNDER Months Months	I YEAR IF UNDER 24 HRS. Doγs Hours Min.					
	10o.	USUAL OCCUPATION (Give kind of work done in most of working life, even if setired. Lassified analyst Uelerans Adm.	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT					
7	_	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	20	ohn B. Kline	Snow						
	IS. (Ye	ne no or unknown). Wife one give were no dates of convice)	ores C. Kline Silver Spring	ill St. Md.					
		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Coronary thrombos		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE					
		4201 DUE TO							
		Conditions, if ony, which gove rise to immediate couse (o), (b) Coronary arterios	clerosis						
		stoting the underlying couse (c) (c) PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g)							
	ATION								
	L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.)							
	MEDICAL		CE OF INJURY (Home, form, 20f. (City or town) (Co bry, street, office bldg., etc.)	unty) (Stote)					
		21. I certify that I took charge of the remains described above, hel	ld on Autopsy 🔀, Inspection 🔀, Inquiry 💢,	ond in my opinion					
		deoth resulted from: Notural couses 💢 , Accident 🗌 , Suici	de 🔲, Homicide 🔲, Undetermined monner 🗌						
		ACTUAL SIGNATURE John S. Ball	CHIEF MEDICAL EXAMINER _M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED					
2		NAME (Type) John G. Ball Bethesda, Marylan		166					
0		D. BURIAL (REMATION, REMOVA (Specify) 23b. Date thereof 23c. NAME OF CEMETERY OR CONTROL OR CONTROL OF CEMETERY OR CONTROL OR CONTROL OF CEMETERY OR CONTROL OR		(County) Md. (Stote)					
3	C.	Glen Carter Colon Carter 8434 Georgi	a Ave. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S 2	ignature Judge					
	W 6	rener E. Pumphrey. Inc Swer Spri							

VR A15ME (5) 6M 1/66

O DEPUTY

The state of the s

Service Company and an arrange of the services

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending byts clain and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then bease remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	MAKYLAND STATE DEPARTMENT OF HEALTH	1
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAI
14397	CERTIFICATE OF DEATH	1430

1. PLACE OF DEATH a. COUNTY						2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY					
	M	MD	Greece								
	b. CITY OR TOW write RURAL	ontgomery N (if outside corporate and give nearest tow	te limits,	c. LENGTH OF STAY I							
		esda		29 Days		Nomos Kojanis 15-1					
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in h	ospital, give street add	iress)	d. STREET AOORESS				e. IS RESIDENCE ON A FARM?	
Tr	ne Clinic	al Center.	Bethes	da. Marylan	d	Peponia 1	Voior	1		YESX X NO	
3.		Fi	rst	Middle		Last	4. DA	TE Month		Day Year	
	(Type or print)	Lambi	rini	(NMN)		Kondossi	OF DE	ATH October	2	19 66	
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	XIIX	. DATE OF BIRTH		Q AGE (In years IF	UNDER 1 Y	EAR IF UNOER 24 HRS.	
F'e	emale	White	WIOOWED	DIVORCED		29 July 194	8	last birthday) M	onths Da	ays Hours Min.	
108	. USUAL OCCUPAT	ION (Give kind of work	done 10b. K	INO OF BUSINESS OR				tate, or foreign country)	12. CITI	ZEN OF WHAT	
Uui	Student	ing life, even if retire	0) 1	NOUSTRY		Gree	00			NTRY? eece	
13.	FATHER'S NAM					14. MOTHER'S MAIC		:	GI	eece	
			** 1		6.5						
15	WASDEGEROED	Theodosios			1 47			aramitobou	Lou		
(Ye	s, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	f service)	SOCIAL SECURITY NO.	17.	INFORMANT The 1	Medic	cal Records			
	No			None	Th	e Clinical	Cente	er, Bethesda	a, Ma:	ryland	
	18. CAUSE OF	DEATH [Enter only on	e cause per l'	ine for (a), (b), and (c).]					INTERVAL BETWEEN	
	PART I. OF	ATH WAS CAUSED BY IMMEDIATE CAUSE	Resp	iratory Ins	uff	iciency				ONSET AND OFATH	
	525										
	Conditions, If	DUE	P117 m	onary Conge	sti	on				36 hours	
	gave rise to	Immediate /	(5)	ionary oonge	DOL	011				Jo noar b	
	cause (a), st	tating the DUE								06.	
-	underlying caus	e last.	(c) Alve	eolar hemorr	hag	e & parench	ymal	injury		36 hours	
10	PART II. OTHER S	SIGNIFICANT CONOITIO)NS CONTRIBL	TING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	DISEASE	HOLLAR BARRATAN	ART 1(a)	19. WAS AUTOPSY PERFORMEO?	
ICA	Status	postoperat:	ive Aor	tic Valve F	Repl	acement wit	h ext	tracorporea	1/	YES NO	
CERTIFICATION	20a. ACCIOENT OR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF OEATIFY MEDICAL EXAMI	TH 20b. (DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	f Injury I	Part I or Part II of	item 18.)		
CA	20c. TIME OF	INJURY Month, Oay,			e. PLA	CE OF INJURY (Home, fa y, street, office bldg., e	arm, 20	f. (City or town)	(Count	y) (State)	
MEDICAL	noui a.n		While at work	Not While at work							
	21. I certif	y that (this hose	oital) attend	ed the deceased fro	m_3	Sept. 1	966	to 2 Oct.	, 1966	, that XIX (we) last	
	saw the de	ceased alive on 2	Octobe			death occurred at	0:50M	from the causes ar	nd on the	date stated above.	
	22a. SIGNATUI						AIM	1	22b. DAT	ober 1966	
	Chom	45 P. Trac	and.		M.D	ATTENOING PHYS.	MEO. OIRECTOI	STAFF X	- Uct	ober 1966	
	22c. PHYSICIA	IN'S	The same of		,0	22d. AOORESST		inical Cent	ter, I	National	
	NAME (T	Thomas	J. Fog	arty. M.D.		Institute		Health, Bet	/	The second secon	
232	BURIAL, CREM		THEREOF	23c. NAME OF CEM	IETER Y			LOCATION (City, tow			
	REMOVAL (Spe	ocify) //	BER 19	1 / //		/ =		WASHING		1 -	
24	JURIAL OIRE	CTOR CTOR	NKK //		-		C'O BY R	EGISTRAR 25b. REG	ISTRAR'S	SIGNATURE	
1	2,	7	1/	1/	- //	12			Clian		
1	INALDI-	WNERAL F	TOME /	100 Oto RGII	A M	E NW DATE	ICI 5	1966 /	way	and hunder	

VR AI5 (4) 20M 1/65

The state of the s

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14398 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PM3. Poge State Department of deoth. MARYLAND delay CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 nd give neares (wn) Roma ar oma d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours 8. Give Pages 1, YES NO Office along with 3. NAME OF Middle First Lost DATE Month Dov Year DECEASED OF DEATH the KORKISCH 0 within (Type or print) 1966 with S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED birthdoy) Months Hours Dovs WIDOWED DIVORCED lond2 event 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during post of working life, even if refired) INDUSTRY COUNTRY? Molria any sheet Mela pencil 13. FATHER'S NAME This certificate should be executed within 14. MOTHER'S MAIDEN NAME 5 and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, br unknown) (If yes give wor or dotes of service) removol perm 4 should be forworded to the Chief Med 18. CAUSE OF DEATH (Enter only one couse per lipe INTERVAL BETWEEN buriol-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH 0 IMMEDIATE CAUSE (o) word 420 cremation, DUE TO Conditions, if ony, which gove writing the rise to immediate couse (o), DUE TO stoting the underlying couse 0 Jost. buriol, used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? CERTIFICATION the certificote, 9 20o. EXTERNAL CAUSE WAS prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY I or CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH. agent, MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) for your Not While FUNERAL DIRECTOR: Poge Page ot work ot work designated 21. I certify that I took charge of the remains described above held an Autopsy Inspection and in my apinion the funerol director. death resulted from: Natural causes Accident Homicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or **EXAMINER'S** Colors (See Colors or county) NAME (Type)

VR A15ME (5)

6M 1/66

50

23c. NAME OF CEMETERY OR CREMATOR

DATE THEREOF

2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb.

23d. LOCATION (City or Town)

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Them please remave carban papers. Pages 1 and shauld be filled with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 haurs after deats. Page 4 may be retained by the hospital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

4 7 5 0 0	ATE OF DEATH	14399
1. PLACE OF DEATH a county Montgomery Maryland	USUAL RESIDENCE (Where deceosed lived, if institution: Resi o. STATE b. COUNTY	dence before odmission)
b. CITY OR TOWN (If outside corporate thints, write RORAL and give nearest town) Takoma Tark DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and (Washington)	47.3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Wash. San. and Hospital	5608 Eastern ave. N	e. IS RESIDENCE ON A FARM? YES □ NO
3. NAME OF DECEASED (Type or print) JOHANNES KURT KOV	DEATH	Doy Year 10 1966
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 6-24-/5 9. AGE (In years lost birthdoy) 5/ yrs.	ER I YEAR IF UNDER 24 HRS. s Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (County & State, or foreign country) 12.	COUNTRY? COUNTRY? Dermany
13. FATHER'S NAME Emil Kownatski	14. MOTHER'S MAIDEN NAME augusta Hersch	
I A Lot Land Land Land Land Land Land Land Land	17. INFORMANT, Address	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OVONDY	Occhesion	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove) DUE TO Coronday A	therosclerosis	Vedrs
rise to immediate couse (a), stating the underlying couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II.	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING TO 206. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)	
	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stote)
21. I certify that (I) (this haspital) attended the deceased fram	n, 1960, ta Oct. 10, 1 that death accurred av2:05PM, fram causes and ar	966 that (+) (we) la the date stated above
220 MSIGNATURE H. Rubensten	M.D. PHYS. DIRECTOR PHYS. 22b.	DATE SIGNED/
22c. PHYSICIANS NAME (Type) Norman H. Rubenstein	6480 N.H. Ave. Tax. F.	x, AH.
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 10/11/66 Ft. Lincol		(County) (Stote)
24. FUNERAL DIRECTOR The S. H. Hines Co. Washington	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE

VR A15 (4) 20 M 1/66

we also with the -

tiniano de la companio della compani

Accorded with the property of the property of

b. COUNTY

Month

e. IS RESIDENCE

YES

Day

Davs

12. CITIZEN OF WHAT

IF UNDER 1 YEAR

Months

ON A FARM?

Year

IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

(State)

YES

(County)

22b. DATE SIGNED

(County)

Charles

1966

NO.F

66 19

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14400law requires that the death certificate be executed within 24 hours after death. death. pup completely filled in by the funeral ove carbon papers. Poges I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if autside carporate limits, write RURAL and give necrest town) hours AKOMA PARK d. NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRESS (If not in hospital, give street oddress) within 72 LARCH 3. NAME OF Middle Lost 4. DATE DECEASED OF DEATH (Type ar print) AGE (In years SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH remove last birthday) WIDOWFD DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY HOUSE WIF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending pay remov 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, brynknawn) (If yes give war or dates af service permit. cremation, 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO buriol, Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse os the prior to O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ATTENDING PHYSICIAN: The use of Heolth Poge 4 moy be retoined by the hospital or far 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) Haur o.m. Not While factory, street, affice bldg., etc.) While Stote at wark at wark 21. I certify that (1) (this haspital) oftended the deceased fram. plnods 19 66, and that death accurred at M. from tauses and an the date stated above. saw the deceased alive an r, poge 3 shou be filed with t 22a. SIONATURE STAFF PHYS. **ATTENDING** DIRECTOR M.D. PHYS ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. DATE THEREOF 10-23-66 King David Memorial Garden Falls Church
25b. REGISTRAR'S SIGNATURE Danzanskyoomss Washington DC 2Sa. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

and Sons

* & 2 ... h . V. dburdo silai nobles laizomen luvad naza de Esila Churdh.V. Angles de Laise de Company de Church de Company de Church de C

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14401

CERTIFICATE OF DEATH

14401

1 /L											
/		PLACE OF DEATH				2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)					
	0	. COUNTY Mon	tgomery			3	O. STATE District of Columbia M				
					MARYLA				7 10 M TH		
	b	CITY OR TOWN (f outside corporate limit	S,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	tside corporote limits, write RURAL ond giv	e neorest town)		
		Bet hesd	give negrest town) a (Rural)		1 day		Washing	Adress Sumner,	Ma. /5 /		
-			AL OR INSTITUTION (If no	at in bosnital			d. STREET ADDRESS	J	e. IS RESIDENCE		
1				or iii iiospiioi,	give sileer oddress)				ON A FARM?		
0	=	Naval Ho						erlea Road, N.W.	YES NO Se		
		NAME OF	Fi	rst	Middle		Lost	4. DATE Month OF	Doy Year		
	(DECEASED Type or print)	Dora	tha	Rutledge		KUHN	DEATH October 6	19 66		
	S. S		6. COLOR OR RACE	7. MARRIED			. DATE OF BIRTH	9. AGE (In years IF UNDER	I YEAR IF UNDER 24 HRS.		
	F	emale	Cauc	WIDOWED	DIVORCED		Sept. 18, 19	915 last birthdoy) Months	Doys Hours Min.		
	10o.	USUAL OCCUPATION	(Give kind of work done	10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (County		TIZEN OF WHAT		
	duri	ng mphot working	liferexen if retired)		INDUSTRY N/A			n, Pennsylvania	USA USA		
			2.2.0		21/22				UDA		
		FATHER'S NAME	- No. 12 1				14. MOTHER'S MAIDEN N	NAME			
	•	James A.	Rutledge					Luther			
	IS.	WAS DECEASED EVE	R IN U.S. ARMED FDRCES?	16	. SDCIAL SECURITY ND.	17. 1	NFORMANT Wash:	ington 16 Address D.C	•		
	(Ye	no, or unknown)	(If yes give wor or dotes	of service)	193 05 2053	M	c. William (C. Kuhn, 5621 Overl	ea Rd.N.W.		
								, , , , , , , , , , , , , , , , , , , ,	INTERVAL BETWEEN		
		IR. CAUSE OF DI	ATH (Enter only one course the WAS CAUSED BY:	use per line to	or (o), (b), ond (c).)	-4.	D17-47	- this Disease 2 Made ad	ONSET AND DEATH		
		TAKI I. DEA	IMMEDIATE CAUSE	(o) Cal	ncer of Brea	SU,	Bliateral,	with Plural Metast	eses		
		170	× DUE	TO					3 3 3 3 3		
		Conditions, if ony	which gove)	(b)					7.56		
		rise to immediate couse (a), (DUE TO									
		stoting the underlying couse DUE TO									
		lost. (c)									
		PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO 1	HE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
2	CERTIFICATION				10) - Employ 1				YES X NO		
X	2	DO ACCIDENTIAL	- UNIVERSALVEN	1 201	DECCRIPE HOW INTURY OCC	UDDED	T-to- notice of injury in I	Don't I as Don't II of Steer 10 \	1 .65 = 1.0		
	E	20o. ACCIDENT WA	CAUSE OF DEATH	205.	DEZCKIRE HOM INJUKA OCCI	UKKED.	Enter noture of injury in	Port 1 or Port II of item 1B.)			
	E		MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJI	JRY Month, Doy, Yeor	20d.	INJURY OCCURRED 2	Oe. PLA	E OF INJURY (Home, form	, 20f. (City or town) (Co	ounty) (Stote)		
	AB I	Hour o.r	n.	Whi		foct	ory, street, office bldg., etc.)				
		1.0		ot w			let 5	966 , to Oct. 6 , 19	66 AL - A (1951 -) L - A		
		21. I certi	ty that (Ix (this ha	spital) atte	nded the deceased fr	ram	, 1	10 50 10	OO, that (I)-(We) last		
10			/	000.	19 <u>00,</u> ar	id tha	death accurred at	405PM, fram causes and an t			
		22o. SIGNATURE	NA		11		ATTENDING	MED CTAFF	DATE SIGNED		
		74	(. Ush	wox	Wh	M.I). PHYS.	DIRECTOR PHYS. X 70	ctober 1966		
		22c. PHYSICIAN'S					22d. ADDRESS				
		NAME (Type	H. E. ASH	WORTH.	LT MC USN		Naval Hos	spital, Bethesda, M	laryland		
4	00	DUDIAL COCALAZIO			23c. NAME OF CEMETE	DV OD					
	230	. BURIAL, CREMATIC						23d. LOCATION (City or Town)	(County) (Stote)		
		REMOVAL (Specify Buria	1 10-1		6 Arlington	Nat		Arlington	Virginia		
	24.	. FUNERAL DIRECTO	R Joseph Ga	wler	& Son &DDRESS			BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE		
		5130 Wis	consin Ave.	. N.W	. Washington	, D	.C. DATE O	CT 13 1986 / Cua	La Jan		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please semove carban papers. Pages 1 and shauld be filed with the State Dept. at Health prior to burial, crematian, or remaval, addingly event, within 72 haurs after depth.

> VR A15 (4) 20 M 1/66

		A MARKET AND A STATE OF THE STA					
			-0.20				
6、11/1年4月1日	A TATALLE .						
	5.75	215/27/12					
	4 - 10L		and the state of t				
A SUPERIOR	투자 (경험 등록)	1					
	24 A 11		Trivial - real				
	é . anderin .						
		Jacobs 10 and					
	a recorder people in						
	69		ota (maria del di los propiesos del				
and the special of the second							
Library and a second	the second						
CONTRACTOR OF THE		E E E E E					
	a distant		and the following of the de-				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it may event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14402 CERTIFICATE OF DEATH 144119

1 1 10	3							
1. PLACE OF DEAT	Н				IDENCE (Where deci			e before admission)
	Montgomer	И	MARYLANI	a. STATE	Maryland	b. COUNTY	Monte	somery
b. CITY OR TOW	N (if outside corporat and give nearest tow	te limits. c.	LENGTH OF STAY IN		VN (If outside corp		RURAL and g	Ive nearest town)
Silver S		11)	18 years	Silver	Spring			15/
d. NAME OF HO	SPITAL OR INSTITUTIO	N (if not in hosp	ital, give street addre	ss) d. STREET ADD	RESS			e. IS RESIDENCE
709 Wayn	e Avenue			709 Wa	zyne Avenu	ie		ON A FARM?
3. NAME OF DECEASED	FI	rst	Middle	Last	4. DATE	Month	Day	y Year
(Type or print)	Co	arrie	May	Laws	OF DEATH	October	h 18	19 66
5. SEX	6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRT	Ή 9.	ACE /In voors IF	FINDED 1 VEAR	R IF UNDER 24 HRS
Gemale	White	WIDOWED Z		Sep. 12,	1881	last birthday) M		Hours Min.
10a. USUAL OCCUPAT	FION (Give kind of work along life, even if retired	done 10b. KIND	OF BUSINESS OR	11. BIRTHPLA	CE (County & State,	or foreign country)	12. CITIZEN COUNTR	OF WHAT
Housewif			Home	Maryl	and		11 5	A
13. FATHER'S NAM				14. MOTHER'S	MAIDEN NAME		1 VV a C/	
Frank We				Clara S	iteelobegee	Stocks	lager	
15. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO. 1	7. INFORMANT		709 Walsh		0
No	None		-48-1325	Mrs. G. Mo	seleu	Silver Si		Md
1 18. CAUSE OF	DEATH [Enter only on			11-100 - 90 - 110	rae ce y	00000		ERVAL BETWEEN
	EATH WAS CAUSED BY			1 1				SET AND DEATH
11211	IMMEDIATE CAUSE	(a) HOUL	e myocardic	il and resp	ratory &	arre	2	wks
Conditions 16	OUE OUE	TO	nary insuff	Linianan			0	12 months
Conditions, If	Immediate	(b) GD70	nary insugg	rotency			0-1	12 monusus
cause (a), so underlying caus		to Cong	estive hear	rt failure			14	4 yrs.
PART II. OTHER S	SIGNIFICANT CONDITIO		IG TO DEATH BUT NOT R	ELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PA	ART 1(a) 19.	
B Arter	iosclerosis	Senilit	11				Y	PERFORMED?
20a. ACCIDENT	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURREO. (Enter nati	ure of Injury In Pa	rt I or Part II of	Item 18.)	
PART II. OTHERS Arter 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATHER MEDICAL EXAMINATION	TH NER)		P 49				
Z 20c. TIME OF	INJURY Month, Day,	Year 20d. INJU	RY OCCURRED 20e.	PLACE OF INJURY (Ho	me, farm, 20f. (City or town)	(County)	(State)
20c. TIME OF Hour a.r		While	NOT MULIE	actory, street, office bl	dg., etc.)	1000		
	m. 19 fy that (I) (this hose	at work	the deceased from	7eb. 9	_, 19_6Q, to_	Oct 18	1066 +	that (I) (we) last
	ceased alive on	ct. 18	19 66 and	that death occurred	at 3:00M. fro	m the causes ar	nd on the da	te stated above
22a. SIGNATU		17 1					22b. DATE SI	
1-	hulin !		mes	M.D. PHYS.	MED.	STAFF PHYS.	Oct. 18	8, 1966
22c. PHYSICIA		0		22d. ADDRE				
NAME (T	ype) Philip	E. Jones	. M.D.	800 Pe	rshing Dr	S.S.,	Md.	
23a. BURIAL, CREM	MATION, 23b. DATE	THEREOF 2	3c. NAME OF CEMET	ERY OR CREMATORY	23d. LO	CATION (City, tow	n or county)	(State)
Burial (Spi	ecify)	. 1966 C	atlett Cem	teru	Cat	lett. Vi	rainia	C 1/2 539
24. FUNERAL DIRE	CTOR PIL	100 /00	ADDRESS	_ 25a	. REC'D BY REGIS	TRAR 25b. REG	ISTRAR'S SIGI	NATURE
C. Glen C	arter 2	an Carle	8434 yea	tgia Hue.		1966 8	Charle	y Judge
Marnar	Dumphray	Juan.	Silvar	ring MODAT	E 11 14	1300		10

VR A15 (4) 20M 1/65

KMP-51						1340
W. Committee of the Com	and the				416	- 77
			seiny VA			
	fluen e p	20.0 May ro		-	deminit in	yell or
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	345	7.57	(20)	- 5'		
		no Seo A		100 P		Ombasself
mage //e	odópper Sign	aces asut			¢	
September 2012	ST CO	.e. 1ee.	31271-814		20.00	400
Sin Same	of a Salah para		laikenseya s	dean .		
Some The ear			ing and the			
. Esta 44. La			Serial Sights	grade in		
						•1
No. 1	1.550 - 86.	9 48		B .16		
		Tu-				
. W. A.	ing Us., 5.	1885 Y 1274	, • a 6	a S. Sames		
nies gesel	delet,	10.0			1500	Tribula !
to Superget	348 · 179					Litteres

	VII	te	ms 18-21 Fi	lm 382 1	1-21M	ARYLAND STA	E DEPARTA	MENT OF	HEALTH			
, 1	(M)					CH AND RECORI			REET, BALTIMO	RE, MARYLA	ND 21201	
FOR S	TATE	L	14403	Jeni #10 d	MEDIC	AL EXAMIN	ER'S CERT		OF DEATH		1441	13
HEALIH	DEPI.		PLACE OF DEATH	1-				AL RESIDENCE	(Where deceosed	ived, if institutio		odmission)
y is 3 to age	deoth.		1110	rtgom	ery	MARYL	AND	mo	ryland	6	monig	mary
0	Deportment or softer deot		o. CITY OR TOWN (If outside write RURAL and give ne ROCKVIII	orest town)		c. LENGTH OF STAY IN	Ib c. CITY	//	auté de corporate li		L and give neares	town)
2, and PM3.	portm	\vdash	J. NAME OF HOSPITAL OR IN	-	hespital give	street address)	I d CTDI	EET ADDRESS	ockun	lle		a. IS RESIDENCE
If c	hours			ielwood D		: siteel oddress)	6	106	noil	and.	N	ON A FARM?
death. I e Pages with for	2 5		NAME OF	First		Middle	0	Lost	4. DATE	_Month	Doy	Year
73 . >	€.⊆		Type or print)	Pilton			Leko	nan)	OF DEATH	Oct	13	19 66
ofter 6 8. Give	with the within	5.	6. COL	.)	MARRIED X	NEVER MARRIED	B. DATE (OF BIRTH		GE (In yeors	Months Doys	IF UNDER 24 HRS. Hours Min.
10	Z =	100	USUAL OCCUPATION (Give ki		WIDOMED [OF BUSINESS OR	LI dec	24/	te or foreign country	Yrs.	12. CITIZEN OF	WHAT
7	land y even		ng most of working life, even	if retired)	INDU		11. 8	OH I	te of foreign count	Par	COUNTRY?	/, 54
in 24 cil in ner	poges 10	13.	FATHER'S NAME				14. MO	THER'S MAIDEN	N NAME		1	4.01
within 24 n pencil in Exominer's	0)		milton	v	3	chman		Z	elen	New	robace	m
		15. (Ye	WAS DECEASED EVER IN U.S. s, no, or unknown) (If yes gi			CIAL SECURITY NO.	17. INFORMA	NT		Address		
executed inding" in Medicol E	it permit removol,	Ĺ	Ull il	WIT	1/1	1-14-8733			A			
d be executed pending?	buriol-tronsit permit. mation, or removol,		PART I. DEATH WAS	CAUSED BY:	1 /111/1	(b), ond (c).)	110431E	HANI W	low of all or had	1 W. D.	PINTE ONS	RVAL BETWEEN EX AND DEATH
Id b	-trons		970.2	MEDIATE CAUSE (0) & DUE TO	Colo	11-75-PG / N	144	11144	111111	Clarify (THAT!	7
should e word o the Ch	o buriol-tr cremation,		Conditions, if any, which g	ove) (h)	110h	MACKUI	CHERICE	MILLAITA	WOULL TILL	W. Switch	MANAGE O	,
a ÷ ÷	0 9		rise to immediate couse stating the underlying co		Cardi	orespina	ory fai	lyre	due to c	verdos	of	
certificate writing th rworded to	as		lost.			turate a		ly sel		stered		
s certificate, writing tarworded	used as burial,	NOL	PART II. OTHER SIGNIFICAN	T CONDITIONS CONT	RIBUTING TO	DEATH BUT NOT RELA	ED TO THE TERM!	INAL DISEASE C	ONDITION GIVEN IN	PART 1(o)		WAS AUTOPSY PERFORMED?
This icote, be fa	r to	CERTIFICATION	20o. EXTERNAL CAUSE WAS		20b. DESCR	IBE HOW INJURY OCC	URRED. (Enter not	ture of injury in	n Port Lor Port II o	of item 18 \	YE	NO 🗌
≒ ⊅	lles. should t, priar		PRIMARY For CONTRIBUTI CAUSE OF DEATH.	NG 🗆	Dec	eased appropriate	parently	took	an over	dose o	fa	
MINER the cer 4 shoul	± 65 =	MEDICAL	20c. TIME OF INJURY Mon	th, Doy, Yeor	20d. INJU	RY OCCURRED	Oe. PLACE OF INJ	URY (Home, fo		ty or town)	(County)	(Stote)
XAN te t		ME	2:00 XXXX 10	7 = 2	OI WOIK -		Home	, office bldg., et	Rockv	ille	Montg.	Md.
Xecu	oined for y IRECTOR: Pc designated		21. I certify that	/			/	1.1		4	-	in my apiniar
MEDICA leose ex director.	etoined for DIRECTOR: s designate		death resulted from	Natural co	ouses 🚺	Accident	Suicide X	, Hamicid		termined mai	nner	
MEDIA pleose directo	N O o		ACTUAL SIGNATURE	elder	1/	1. De	B MD	CHIEF MEDICA ASSISTANT MI	EDICAL EXAMINER	7	2	2. DATE SIGNED
UTY,	ZAI or i		EXAMINER'S TO		0	Dozal	5 4 D	DEPUTY MEET	CAL EXAMINER	1 10	X 12	1911
O DEPUTY necessary, the funeral	O FUNEI O FUNEI Heolth		NAME (Type)/362	DEN	1	/YEAY	, 19,1).		et, city, ibvin, or ci		1,12,	1766
To he	70 F	230	BURIAL, CREMATION, REMOVAL (Specify) DUTIAL	23b. DATE THEREO		23c. NAME OF CEMEN				ON (City or Town	, , , , , ,	(Stote)
			FUNERAL DIRECTOR	10/14/(Nest Vie	w, Pit		TD BY REGISTRAR		STRAR'S SIGNATUR	E
VR 6	A15ME (5) SM 1/66	B	. Danzandy	+ Sons	3501	ADDRESS - 14 - St	. N.U	DATE	OCT 17	1956 /	Charles	Judge
		_										

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	14404	CERTIFICATE	OF DEATH		4404	
1.	I. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)			
	a. COUNTY Mantagen	MARYLAND	a. STATE	b. COUNTY		
-	b. CITY OR TOWN (If autside carparote limit		c CITY OR TOWN (If outside	corporate limits, write RURAL and	give negrest town)	
	write RURAL and give nearest town)	42		corporate minis, with restrict and	1 =1 =	
	Wheaton	2 415. 10 mo.	L CIRCLY ADDRESS		e. IS RESIDENCE	
	d. NAME OF HOSPITAL OR INSTITUTION (If n	1 10 1 11	d. STREET ADDRESS	1 1 1	ON A FARM?	
1.	Wheaton Nursing	Home 11901 beorgiate	4. 3016 Til	den St. NN	YES NO	
3.	NAME OF F	irst Middle		DATE Manth	Day Year	
	(Type or print) Mabe	1 B.	reonard	DEATH 10	11 19 66	
S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNI	DER 1 YEAR IF UNDER 24 HRS.	
	F (.)	WIDOWED DIVORCED	12-29-76	last birthday) Manth	ns Days Haurs Min.	
10	a. USUAL OCCUPATION (Give kind of work dane		11. BIRTHPLACE (County & Stat		. CITIZEN OF WHAT	
	ring most af warking life, even if retired)	INDUSTRY		c, arrandigir coanni ()	COUNTRY?	
	HOUSE WIFE		TOWA		U.S.A.	
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	JOHN UK	/	111111	WILSON-		
	S. WAS DECEASED EVER IN U.S. ARMED FORCES		INFORMANT	Address · L	UASh. D.C.	
6	'es, na, ar unknawn) (If yes give war ar dates	577-66-5894. A1	WNA-E-BAIN	ES- 4/25-17	MEHDE-ST. N.C	
=	1B. CAUSE OF DEATH (Enter only one co	use per line for (a), (b), add (c),)	1	001	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH					
	IMMEDIATE CAUSE	10 0	10	1111	1	
	Canditians, if any, which gave	11/2/D= -21/	2 Hin	6 8/2 W LOW	scleso	
1	rise to immediate cause (a)	(b) Williams	court		0	
L	stating the underlying cause DUE TO					
	last.	(c)				
2	PART II. OTHER SIGNIFICANT CONDITIONS	THE TERMINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
AT O	PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL FEARMINER) 20b. DESCRIBE HOM INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
IFIC	20a. ACCIDENT WAS UNDERLYING □	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I	ar Part II af item 18.)		
FE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
1	20c. TIME OF INJURY Manth, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, form,	20f. (City ar tawn)	(Caunty) (State)	
MEDICAL	Haur a.m.	While Nat While fact	tary, street, affice bldg., etc.)	The Additional Property		
1	p.m. I diwork a diwork					
	21. I certify that (I) (this hospital) attended the deceased fram 1967, ta 7, 1966 that (I) (we) last					
	saw the deceased alive an and that death accurred at P M, fram causes and an the date stated above.					
	22a. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED 1911					
	M.D. PHYS. DIRECTOR LI PHYS. LICENSE 1					
1	12c. PHYSICIAN'S NAME (Type) BCOF	W ALCAD A	22d. ADDRESS	And ma	. 100.0	
L	MAINE (Type)/26 CDE	V KTINCOP, M	H VInea	cen, //la	reference	
2	Ba. BURIAL, CREMATION, 23b. DATE TO	HEREOF 23c. NAME OF CEMEYERY OR	CREMATORY	3d. LOCATION (City or Town)	(Caunty) (State)	
1	Removal 10-12	2-1966 George Wash	Medical	han /Wash. D.	C.	
-	24. FUNERAL DIRECTOR	573 (ADDRESS S.C. A	Ve.N. Za. REC'D BY		R'S SIGNATURE	
J	oseph Gawler's	Sons. Inc. Wash.I	DATE BUI	13 1906	carely judge	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician, director, page 3 shauld be detached for use as the burial-transit permit. (than should be filed with the State Dept. af Health priar ta burial, crematian, or remayan

VR A15 (4) 20 M 1/66

dease remave carban papers. Pages I and 2 , and in any event, within 72 hours after dedth physician and campletely filled in by the funeral

404. * 5 - 2 The second secon make the control of the state o

An indicate distinct of the second of the se

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

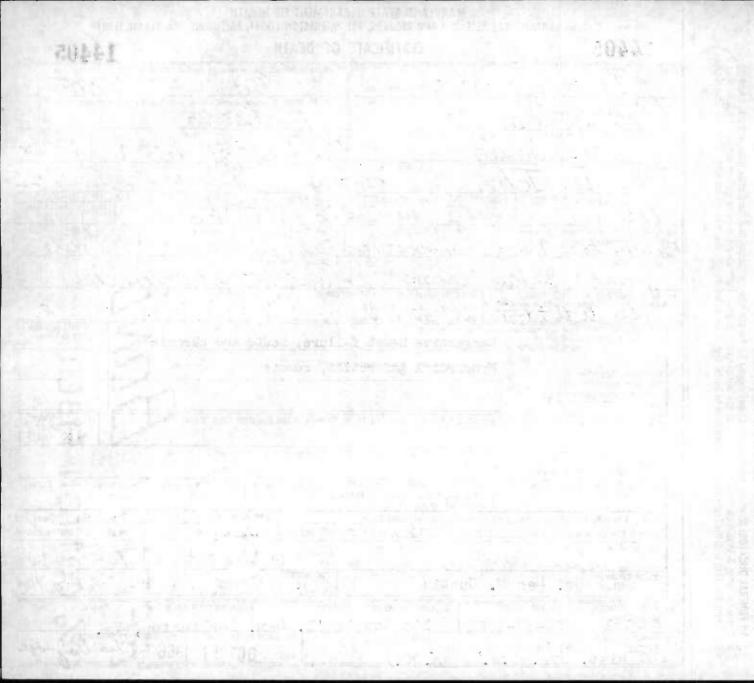
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Their please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

14405 CERTIFICATE OF DEATH

	14405	CERTIFICATE	OF DEATH		1440	5
	PLACE OF DEATH O. COUNTY MONTGOT	nerland Maryland	a. STATE	here deceased lived, if institutio b. COUNT	mon:	<i>T.</i>
	b. CITY OR TOWN (If autside carparate Vmits, write RUBAL and airs nearest town).	CATNIGTH OF STAY IN 16	Bell	iside carparate limits, write RURA	15	-1
	d. NAMÉ OF HOSPITAL OR INSTITUTION (If not in has	spital, give street address)	7601 E	XETER ROL		RESIDENCE N A FARM? NO NO
	NAME OF DECEASED (Type or print) E. John	n Middle LC	lost	4. DATE Manth OF OEATH	24	Year 19 66
	110	OWED DIVORCED	3-6-1901	9. AGE (In years lost birthday) 6 yrs.	Months Doys Ho	JNDER 24 HRS. Durs Min.
dus	ing most of working life, even if retired) Ohisher-Editor-Writer	10b. KIND OF BUSINESS OR OCEAN SCIENCE NEWS	Tenna	Stote, or foreign country) The Vania	12. CITIZEN OF WH	2
13.	JESSE ELIOS	Long	14. MOTHER'S MAIDEN N	t Keny	nuie	
15. (Ye	MAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT DIK	ginia. W.	Sar	ne.
	Conditions, if any, which gave) DUE TO M	ine for (a), (b), and (c),) ongestive heart for yocardial infarct:		e and chronic		L BETWEEN AND DEATH
	rise to immediate cause (o), stating the underlying cause last. DUE TO (c)					
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL	JTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS PERI YES Z	FORMED?
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in P	Part I ar Part II of item 18.)		
	20c. TIME OF INJURY Month, Day, Yeor Hour a.m. p.m. 19		E OF INJURY (Hame, farm, ary, street, office bldg., etc.)	, 20f. (City or town)	(County)	(State)
	21. 1 certify that (1) (this haspital) attended the deceased fram , 1945, ta 007 24, 1966, that (1) (we) last saw the deceased alive an 24 1966, and that death accurred at 126 M, fram causes and an the date stated above.					
	220. SIGNATURE ATTENDING MED. STAFF 10 22b. DAT PHYS. DIRECTOR PHYS. D 22c. PHYSICIAN'S 22d. ADDRESS 12d.					1-66
	22c. PHYSICIAN'S NAME (Type) Dr. Leo M.	Custis	18218 W	isconsin Aue	Bethesa	la, Md
	BURIAL, CREMATION, 23b. DATE THEREOF 10-27-19		Nat'l. Cem			(Stote)
16	EUNERAL DIRECTOR DS EPH Gawler's Sons 130 Wisc. Ave. N.W	Inc. ADDRESS Wash DC	2So. REC'D DATE	OCT 27 966	Clarles	Judge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14406 CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Montgomery Maryland	USUAL RESIDENCE (Where deceased lived, If Institution: Real a. STATE Maryland b. COUNTY	esidence before admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)	
write RURAL and give nearest town) Gaithersburg	Union Bridge	16.2	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			
Asbury Methodist Home for the Aged, Inc.		ON A FARM? YES NO S	
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Oay Year	
(Type or print) Frances Missouri	Lynn DEATH October	6 19 66.	
[\ mounted] meter mounted []	B. DATE OF BIRTH 9. AGE (In years IF UNDER) Movy 20 1077 Iast birthday) Months	1 YEAR IF UNDER 24 HRS.	
F W WIDOWED OLVORCED	May 29, 1877 89 yrs. 4	uays Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CT	TIZEN OF WHAT	
Clerk & kept house		J.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Franklin Thomas Lynn	Laura Crumpacker		
	INFORMANT Address		
(Yes, no, or unknown) (If yes nive war or dates of service)	sbury Methodist Home, Gaithersh	oura Md	
	souly reconculst nome, dareners.	INTERVAL BETWEEN	
18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), and (c), PART I. DEATH WAS CAUSED BY:	Men man Oak	ONSET AND DEATH	
IMMEDIATE CAUSE (a)	of the pase	7 1113	
Ocaditions If any which I			
Conditions, if any, which gave rise to immediate (b)			
cause (a), stating the DUE TO			
underlying cause last. (c)	TO THE TENANTAL PROPERTY COMMITTION OF THE DEPT 1/4)	119. WAS AUTOPSY	
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA LECTOVAL WAS UNDERLYING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING TO DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PER FORMEDA YES NO V	
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRREO. (Enter nature of injury in Part I or Part II of Item 18.		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)	
20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAN factor 20m. 20m.	ry, street, office bldg., etc.)	inty) (otato)	
p.m. 19 at work at work			
21. I certify that (I) (this hespital) attended the deceased from	4/25/63, 19 to 10/6/66 19	, that (I) (well last	
	t death occurred at MM, from the causes and on the		
22a. SIGNATURE	ATTENDING MEO. STAFF	ATESIGNED	
Heury Creeks By M.O	PHYS. DIRECTOR PHYS.	16/66	
22c. PHYSICIAN'S NAME (Type)	22d. ADORESS		
Henry C. Scruggs	Y OR CREMATORY 23d, LOCATION (City, town or cou	unty) (State)	
REMOVAL (Specify)	OR GREMMION 230. LOCATION (City, town of Cou	ants) (State)	
24 Christal DIRECTOR ADDRESS	Union Bridge	S SIGNATURE	
24. FORMER DIRECTOR TO Tartier		reles Judge	
Ernest C. Garther Gaithers	shure liente UU] 1866	0	

VR A15 (4) 15M 4-64

SULLE TO THE PERSON OF STREET 0 ... Primars - New York Comment of the Co and the state of t The strength of the addition of the strength of the Em & Tomas of John St. Perl 100 (0) interior (all the soul 20/2/01

Items18&21 Film 383 11-22MARYLANDSSTATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1. PLACE OF DEATH O. COUNTY Montgomery b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Holy Cross Hospital of Silver Spring 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY Maryland c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Riverdale d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FAMOUNT (ON A FAMOUNT) STREET ADDRESS FOR STREET ADDRESS TOWN (If autside carporate limits, write RURAL and give nearest town) A STREET ADDRESS TOWN (If autside carporate limits, write RURAL and give nearest town) STREET ADDRESS TOWN (If autside carporate limits, write RURAL and give nearest town) STREET ADDRESS TOWN (If autside carporate limits, write RURAL and give nearest town) STREET ADDRESS TOWN (If autside carporate limits, write RURAL and give nearest town) STREET ADDRESS TOWN (If autside carporate limits, write RURAL and give nearest town) STREET ADDRESS TOWN (If autside carporate limits, write RURAL and give nearest town) A STREET ADDRESS TOWN (If autside carporate limits, write RURAL and give nearest town) A STREET ADDRESS TOWN (If autside carporate limits, write RURAL and give nearest town)					
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MARYLAND Maryland Prince George C. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Riverdale d. STREET ADDRESS e. IS RESIDENC ON A FARM.					
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) c. LENGTH OF STAY IN 1b Riverdale d. STREET ADDRESS e. IS RESIDENC ON A FARM.					
Silver Spring 29 Min Riverdale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENC ON A FARM.					
ON A FARM					
Holy Cross Hospital of Silver Spring 5909-60th Avenue					
3. NAME OF First Middle Lost 4. DATE Month Doy Year					
OFCEASED (Type or print) Charles MacDonald DEATH Detober 29 1966					
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 920 9. AGE (In years left under 24) Months Days Hours In Months Days					
male Gaucasian WIDOWED DIVORCED 10-17-21 46 45 YIS.					
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (Stote or fareign country) 12. CITIZEN OF WHAT COUNTRY?					
Carpenter U.S. Govt. Maryland U.S.A.					
13. FATHER'S NAME					
William Mac Novall Ella Ingram					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address					
Wite (Mrs. Agnes M. MacDonald (abo					
[18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)					
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Acute coronary insufficiency ONSET AND DEATH					
420./ DUE TO					
(conditions, if ony, which gove) (b) Coronary artery heart disease					
rise to immediate couse (a), stating the underlying couse DUE TO					
lost. (c)					
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING TO DEATH RUIT NOT PETATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALITOPSY					
PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.					
20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)					
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 at work of work					
21. I certify that I took charge af the remains described obove, held an Autapsy Inspection Inquiry opinion					
death resulted from: Notural causes Accident , Suicide , Homicide Undetermined manner					
CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINE					
SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER, 22. DATE SIGNED					
EXAMINER'S BELDEN P. REAP, M.D. DEPUTY MEDICAL GAMINER & 1966					
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL, CREMATION, 23b. DATE THEREOF APLIANCE OF CEMETERY OR CREMATORY APLIANCE OF COUNTY) (Stote)					
24. FUNERAL DIRECTOR Nalley's Funeral Address Mt. Rainier', 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Home Inc.					

VR A15ME (5) 6M 1/66

1/2 mm 27 m

- 1 · 1

SULLE

9/3 09/2

process of the second control of the second

TOTAL STATE OF THE STATE OF THE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14408 HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b COUNTY PM3. Page State Department of death. MARYIAND delay CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 and give nearest after ?? Kocker d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET_ADDRESS farm haurs in Item 18. Give Pages 1, 24 hours after death. alang with 3 NAME OF First Middle 4 DATE Month Lost DECEASED OF the E. Ann MANTZ within (Type or print) DEATH with t IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE DATE OF BERTH AGE (In years 7. MARRIED X NEVER MARRIED Slost , birthdoy) Months 3 WIDOWED DIVORCED and 2 event IDo. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? Richmond, Virginia any 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME be executed within = William A. Edelblut Grace L. Bradley E and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) permit. remaval, Unknown G. Earl Mantz - Husband - Same as Item #2 pending NO Medi CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) burial-transit PART I. DEATH WAS CAUSED BY the Chief Б Instant Injuries. Multiple severe IMMEDIATE CAUSE (o) writing the ward This certificate shauld burial, crematian, DUE TO Conditions, if ony, which gove Fall seventeen stories rise to immediate couse (a) 0 DUE TO stoting the underlying couse 0 farwarded 00 lost. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION please execute the certificate, ta pe 20o. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notyge of injury in Port 1 or Port II of item 1B.) priar 3 shauld 4 shauld DEPUTY MEDICAL EXAMINER: APartment files. designated agent, 2Dc. TIME OF INJURY Month, Doy, Year 2De PLACE OF INJURY (Home, form (City gr town) (County) Vaur Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page 1966 Ment Page ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry X Inspection X far and in my opinion funeral directar. deoth resulted from: Noturol causes Accident . Suicide 🔀 Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health ar **EXAMINER'S** John G. Ball Address (Street, city, town, or county) Bethesda, Maryland NAME (Type) the 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 Cremation 1966 Cedar Hill Crematory Suitland Maryland Oct.

VR A15ME (5) 6M 1/66

24. FUNERAL DIRECTOR Robert A. Pumphrey

ADDRESS Bethesda, Maryland 2So. REC'D BY REGISTRAR DATE OC 1966

2Sb. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM?

Doy

YES NO

Year

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(Stote)

Mid

22. DATE SIGNED

1966

Min

THE PARTY OF THE P

Professional Contraction of the Contraction of the

to the year a second of the contract of the co

The state of the s

and the second of the second of the second of

grants", so i spinisti", turisiinii

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Page 4 may be retained by the hospital or ottending physicion.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then preduce remove carbon papers. Pages 1 and 2 hould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter deptite. VR A15 (4) 20 M 1/66

14409	CERTIFICATE	OF DEATH		14409
1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE	eceosed lived, if institution: Residence b. COUNTY	before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in Nospital,	//	Washington d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
3. NAME OF (BOSSIO) First	A HOME	Jost 4. DA	Ave. N.W.	YES NO
3. NAME OF (Bessie) First DECEASED (Type or print)	Lyons	or of OF		9 19 66
s. SEX 6. COLOR OR RACE 7. MARRIED FEMALE White WIDOWS	NEVER MARRIED B. DIVORCED D	DATE OF BIRTH	9. AGE (In yeors IF UNDER 1 Gast birthdoy) Months	YEAR IF UNDER 24 HRS. Doys Hours Min.
during most of working life, even if retired) BOOK KEEPEV	KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & Stote, New York C	COLL	ZEN OF WHAT NTRY?
13. FATHER'S NAME George Lyons	State of the	14. MOTHER'S MAIDEN NAME Anne Barr	У	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		FORMANT	283 West 11: New York Ci	th St.
1B. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (c) Last.	ostnecrota	c CIRRI	405(5	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING D. Sholes Mall		IE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (E	inter noture of injury in Port 1 o	Port II of item 1B.)	
Hour o.m. While p.m. 19 of wo	e Not While of foctor	ry, street, office bldg., etc.)	Of. (City or town) (Cour	,
21. I certify that (I) (this haspital) attersaw the deceased alive an	nded the deceased fram 19 6, and that	death occurred at 1055	PM, fram causes and an the	e date stated above
220. SIGNATURE Provis Rubles	M.D.		C STAFF C	P/66
22c. PHYSICIAN'S NAME (Type) BORCS	KABKIN	22d. ADDRESS 1019 W	in . Blod E	SS.
230. BURIAL, CREMATION, REMOVAL (Specify) 10/11/66	23c. NAME OF CEMETERY OR CE	etery N	lew York City,	County) (Stote)
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S SIG	

HIBE! Triesland Landschaff The second secon

VR A15 (4) 20 M 1/66

law requires that the death certificate be executed within 24 hours after deuth.

24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland

10-31-66

REMOVAL (Specify)

Parklawn Cemetery

25a. REC'D BY REGISTRAR

Maryland

Rockville.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1441	*			CERTIFICA	ATE	OF DEATH				44		
1.	PLACE OF DEATH a. COUNTY	Montgomer			MARYLAND		2. USUAL RESIDENCE (a. STATE Mary		eased lived, if institut b. COUN	an: Resider	nce befa	re admissio	on) /
	b. CITY OR TOWN (If autside carparate limi	ts,		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If or	utside corp	orote limits, write RUF	RAL and giv	e negre	st town)	7
	Bethesd	a (rural)			29 days		Hille	rest	Heights			6-2	
Г		AL OR INSTITUTION (IF F	at in h	aspital, g	ive street address)		d. STREET ADDRESS					e. IS RESIL	
	Naval H	ospital					2105	Oakwo	ood Street				NO 🔀
3.	NAME OF DECEASED (Type or print)		irst ose		Middle	N	Lost MAURICIO	4. DAT	0.1	h	21		ar 66
\$.	SEX	6. COLOR OR RACE	7. M	IARRIED	NEVER MARRIED	k B	DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
	Male	Cauc.	WI	DOWED	DIVORCED [bo	t. 2, 1882		last birthday)	Manths	Days	Haurs	Min.
10 du	a. USUAL OCCUPATION ring most at working But Ler	l (Give kind af wark dane life, even if retired)			ND OF BUSINESS OR DUSTRY LVate home		11. BIRTHPLACE (County Philippi			12. CI	TIZEN O DUNTRY T)	JSA
_	3. FATHER'S NAME			pr.	LVa oc Home		14. MOTHER'S MAIDEN		Lanus		-		JOA .
	Unkn	าพท					11-	nknow	770				
15 (Y	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war ar dates	? af servi	(e)	SOCIAL SECURITY NO. 79–48–7733A		FORMANT Hill	crest	Addre	TA.	lary:	land	K
F	18. CAUSE OF D	ATH (Enter anly ane ca	_					abco.	2207 00	<u> </u>	INT	ERVAL BET	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	E (a)	Ga	strointestin	al	hemorrhage			-0-	10	ISET AND D	DEATH
	5/8	2.4	E TO										
E	Conditions, if any	(n) esuns e	(b)								-		
	stating the unde		E TO										
	last.	,	(c)		a postul pur Nor pri trop	TO 71	IS TERMINAL DISCASS CO.	NDITION O	WENT IN CART IV		110	WAS AUTO	O DCV
NO	Parfor				O DEATH BUT NOT RELATED							PERFORM	ED?
ICAT	20g. ACCIDENT WA		ar.y	DTS	dder with re	CT(-vesical f	istu]	Part II of item 181		1	'ES 📗	NO 2
AL CERTIFICATION		CAUSE OF DEATH MEDICAL EXAMINER)				,							
MEDICAL	20c. TIME OF INJU Haur a.r p.r	JRY Manth, Day, Year n. n. 19		20d. IN While at wark	C Nat While C		E OF INJURY (Hame, farr ry, street, affice bldg., etc.		. (City ar tawn)	(Co	unty)	((State)
	21. I certi	fy that (F) (this ho	spital) attend	ded the deceased from	n_S	ept. 22 ,	19_66	, ta_Oct. 2	1 , 19	66, tl	hat (b): (we) las
		ceased alive on_	Oct	12	19_66, ond	thot	death occurred at	145A	_M, from couses				obove
	22 SIGNATURE		(/			ATTENDING	MED.	STAFF		ATE SIGN		
	/num			700	us-	M.D	PHYS. L	DIRECTOR	PHYS.	1 51	Uci	t. 19	066
	NAME (Type		nes	. M.	D.			Hosni	tal, Beth	esda	Ма		
23	a. BURIAL, CREMATIO				23c. NAME OF CEMETERY	ORC			LOCATION (City or To		(Caunty		itate)
1	REMOVAL (Specify	Octor			Arlington Na				lington.			, (3	

Arlington National

Home

D. C.

Funeral

1966

Arlington,

2Sa. REC'D BY REGISTRAR

on, Virginia 25b. REGISTRAR'S SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-tronsit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 hours after death Page 4 may be retained by the haspital or attending physician.

Brothers

Goodhope Road, S.E. Washington,

Simmons

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

VR A15 (4) 20 M 1/66

4 / 1	NAME OF		. 7 % / 7
	The latest test of the latest		Trace At Si
	of chall described	and the state of	
	per to fluenciary Pour of		arh au iwai
	The second		0.00
	881 (2.19)		White Denz.
	the fall pales of the		To the second
			The state of
Salate of the sa	designation and the		
		100	
			imi — Tible ylen Yali imi — Salin in Ye
		har mengal for	
			CC ()
Chefun, D.,	on distinct form		CA THE REST WAS

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY 24 hours after and completely filled in by the emove carbon papers. Pages I any event, within 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest-town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ERMA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME DE DATE Month Day Last 4. First Middle DECEASED 0F DEATH (Type or print) 196 AGE (In fears | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH Days WIDOWED DIVORCED VIS. ttending physician and in or retroval, and in 10b. KIND OF BUSINESS OR Ξ 10a. USUAL OCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or forging country) 12. CITIZEN OF WHAT during most/of working life, eyen if retired) certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMANT 17. death (Yes, no, or unkown) \ (If yes give war or dates of service) transit permi 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the -transit ONSET AND CEATH EMBOLIC PART I. DEATH WAS CAUSED BY: NEARCTION IMMEDIATE CAUSE (a) THE SE N WKS attending physician. signed burial-tr burial, RHEYMATIC HEART DISEASE MITRAL STENOSIS Conditions, if any, which gave rise to immediate the r DUE TO cause (a), stating the underlying cause last. 38 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hather the state of the seatth part. PERFORMED? CERTIFICAT HYPORLASIA OF THE LOWER ABDOMINAL NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: this cerum detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State I factory, street, office bidg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 6 and that death occurred at 9 saw the deceased alive on. M, from the causes and on the date stated above. 22a. SIGNATURE page ATTENDING M.D. DIRECTOR PHYS. HOSPITAL FUNERAL 22c. PHYS/CIAN'S ADDRESS TO FUNERAL director, p NAME (Type) NAME OF CEMETERY OR CREMATORY
ROCK, CREEK, CEMETERY BURIAL, CREMATION, 236 DATE THEREOF LOCATION (City, town or county) (State) REMOVAL (Soecify) REGISTRAR'S SIGNATURE AODRESS 25a. REC'D BY REGISTRAR 25b. FUNERAL OIRECTOR VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Last of the transfer of the tr

The state of the s

USE A BEST OF THE WORLD IN THE PARTY OF THE

The second of the second secon

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Montgomery Maryland Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give pearest town)
Silver Spring 3 days Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 9600 Forest Road Holy Cross Hospital YES NO X 3. NAME OF Middle 4. DATE Manth First Last Year DECEASED McHugh OF Sister Edward 19606 (Type ar print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH 7 MARRIED 8 birthday) Haurs 1883 Nov. White Female 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) INDUSTRY atholic Sister Ireland eacher 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nora Cullinane Patrick McHugh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Ursuline (Yes, na, ar unknawn) (If yes give war ar dates af service) Same as Item 2. None Convent Records INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a), DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (Caunty) (State) Hour a.m Nat While factory, street, affice bldg., etc.) 19 at wark L at wark 21. I certify that (I) (this hospital) ottended the deceased from , 1956, to___ , that (I) (we) lost 30 1966, and that death occurred of 760 M, from couses and an the date stoted obove. saw the deceased alive on. 22a, SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS 22d. ADDR€SS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Burlal Mt. Olivet Cemetery Washington, 11-3-66 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR PUMPHREY. Bethesda. Maryland

and 2 death. requires that the death certificate be executed within 24 haurs after death. campletely filled in by the funeral nave carban papers. Pages 1 and ban papers. within 72 ha ease remave carban .⊆ remova attending permit. The permit. crematian. signed by the burial-transit p burial, the has been Health 1 certificate far be retained by the hospital detached Dept. O FUNERAL DIRECTOR: After shauld directar, shauld b

> VR A15 (4) 20 M 1/66

Public 3 years of the public beautiful to Contract to the second A PROPERTY OF THE PARTY OF THE

18-21 Film 383 12-19MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, STREET, BALTIMORE, MARYLAND 21201 Item Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where used lived if institution Residence before odmission) PLACE OF DEATH o. COUNTA P.M.3. Page 0 death. MARYLAND deloy Deportment b CITY OR TOWN (If outside corrore LENGTH OF STAY IN 1b and write RURAL and give nearest town) after (Washington Former give street address) EON A FARM? hours Item 18. Give Poges 1, Office along with form ate YES 24 hours after death. 3. NAME OF DATE Manth Doy Year ょ within 72 DECEASED OF DEATH the Young Ctober (Type or print) with S. SEX 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours WIDOWED DIVORCED event and 10b. KIND DF BUSINESS DR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
Housewife INDUSTRY Texas any = pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Ξ d "pending" in penci Chief Medical Examin Wesley D. Young Armina Ivy puo Ě 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) removol, John H. McLean. 3506 16th St. N.E. 579-60-0911 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute pulmonary embolus 0 IMMEDIATE CAUSE (o) This certificate should cremotion, DUF TO to the Conditions, if any, which gave following a fall writing the rise to immediate couse (o), DUF TO stoting the underlying couse 4 should be farwarded 0.5 burial, used WAS AUTD PSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? the certificate, NO pe prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY DO OF CONTRIBUTING -CAUSE OF DEATH Deceased fell in Nursing Home agent, MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) foctory, street office bldg., etc.) Vour Hour o.m. While Not While FUNERAL DIRECTOR: Poge Iy ttsville Pr. Geo. Md. Mursing p.m. 10-22-66 Home ot work ot work please execute its designoted 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion the funeral director. deoth resulted from: Natural causes Accident X Suicide Hamicide Undetermined manner may be retoined CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPHRY MEDITAL EXAMINER Health or **EXAMINER'S** Address (Street Ceity, fown, or county) NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) DUPIEL 23c. NAME OF COMELERY OR CREMATORY 23d. LOCATION (City or Town) (County) 50 2/66 Suitland. Md. Cedar Hill Cemetery 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hines VR A15ME (5) NOV 3 1966 luth St. DOATC . N.W. Washington.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or empty, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE

TAATO OURINION	L OI DEATH	
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: F	Residence before admission)
Montgomery MARYLAND	a. STATE b. COUNTY Maryland	Montgomery
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
write RURAL and give nearest town) Kensington	Kensington /	5.1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address		e. IS RESIDENCE
4220 Everett Street	4220 Everett Street	ON A FARM?
3. NAME OF First Middle	Last 4. DATE Month	Day Year
DECEASED	OF	
(Type or print) Genevieve Nicke	1 8 DATE OF RIPTH 19 AGE (In years IF IINDER	8 1966
7. WARRIED X REVER WARRIED	Tular 22 1801 last birthday) Months	Days Hours Min.
Temale white WIDOWED DIVORCED 102. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ITIZEN OF WHAT
during most of working life, even if retired) HOUSEWITE	C	OUNTRY?
		J. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frederick Nickel	- Jordan	
(Yes, no, or unknyn) ((If yes nive war or dates of service)	'. INFORMANT Address	
yes WWI 578-14-7388	Norman S. Meese same as abo	ve
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	/	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Corono	an occlusion	muld
4201 DUE TO 12 4 . 0.	ote Cardiovase Bries	101.
Conditions, If any, which) (b) ITTONOSCICO	rose (ardiovase, bises	1097
gave rise to immediate (
cause (a), stating the underlying cause last.		
	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
NONE		YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 202. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18	3.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	LACE OF INJURY (Home, farm, 20f. (City or town) (Co	unty) (State)
Hour a.m. While Not While	ctory, street, office bldg., etc.)	
	9-15- 1960 to 10-8 196	1 1 -1 (1) (wa) losi
21. I certify that (I) (this hospital) attended the deceased from	9-/5-, 1960, to $10-8$, 1960 and death occurred at $9-4$ M, from the causes and on $9-6$	that (I) (we) last
saw the deceased alive on 9-75-1962, and the	at death occurred ato - H.M., from the causes and on	DATE SIGNED .
Cto 10 11 1890-	ATTENDING MED. STAFF	-8-1966
22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 122d. ADDRESS	- 0
NAME (Type) TEPHEN 4). DE TER	6719 W. ZSON LANS	- BETHESDA 14
ON DUDIN OPENATION ON DATE THEREOF LOS NAME OF OPENET	RY OR CREMATORY 23d. LOCATION (City, town or co	ounty) (State)
REMOVAL (Specify)		
Burial 10/11/66 Arlington	National Arlington Va	SIGNATURE
24. FUNERAL DIRECTOR The S. H. Hines Company - Washing	1000 00%	enles Judge
The S. H. Hines Company- Washing	ton. Dd pare 001 1 1 1956	The same

. . .

VR A15 (4) 15M 4-64

	MANAGE AND ESTABLES	
open ino	Principal and the second	A-110-1170
	nodno tapel	no tra familia
7 1 2 2 200	1,220 Eventura St	"20 Frame to Strant
ALL THE STATE OF	enant fereil	evelverne
	1 1 1 1 2 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1	Tomple white harmal
.10.65.5	stontil	elityean it
	nebro -	Tradendek Mickel
evoca es e	Total Morney S. Morte Lon	-UL-072 TUB BOX
Box they	7.97.77.6	
)9 8 -	\$\frac{4}{2}\cdot \frac{4}{2}\cdot \frac	
194-8-31		
MESSESS ENFOLK	1527-167 - 221	STEPHENU DE
ton, Vs.	rton lationel tolid	10/11/66 lelin
	Land in Land of the sections	The K. M. Mines vergence Wa

requires that the deoth certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH ofter death. physician and completely filled in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY HONTGOMERY DIST. OF COL-MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give negrest town) hours 18 DAYS WASHINGTON DIC TAKOMA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS SANITARIUM + WASHINGTON NO X i. NAME OF DATE Day Year DECEASED MENK MARTHA Get. (Type or print) Louise DEATH 1966 S. SEX AGE (In years 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthday) Manths Haurs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Thhinois PHERICAN 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME FISCHER Bu DOLPH signed by the ottending buriol-transit permit. Th IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT 0 CBEORDS 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been os the prior to 19. WAS AUTOPSY PERFORMED? SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIPE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) 19 at wark pe 21. I certify that (1) (this haspital) attended the deceased from 19 6 Cand that death accurred at 5.38 M, from couses and an the date stated above. saw the deceased alive on_ 22a, SIGNATURE 22b. DATE SIGNED ATTENDING STAFF DIRECTOR be filed 22c. PHYSICIAN'S NAME (Type) director, should 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) remation REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 25a. REE'D BY REGISTRAR 1966 er s Ave

VR A15 (4) 20 M 1/66

Poge 4 moy be retained by the hospital

Direction of the state of the s Stand Transfel Why wind to a server to the server of the server was the server of THE THE LEGISE MENK in 1024. 14-52-14 KR-15-14 Mishana wan ridi) House Kraupk & Luberth Ment ELLS Fraches despires terrores unas Cetiniosaluncia Hadet Surare the is I have Madignary, expression Sullet B. Cooler & 2 1 1 2 1 10-7-62

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH deal 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MontGomery after (MARYLAND MONTERMERY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) hours d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in baspital, give street address) e. IS RESIDENCE ON A FARM? 3. NAME OF Middle Lost 4 DATE **First** Year DECEASED OF DEATH Mersor Jean (Type or print) 02506 19 6 IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Octuber WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Merson Linda 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no. ar unknown) (If yes give war ar dates of service mother 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Atelectasis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the Prematurity 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 1) of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. factory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram 10 - 6 , 19 66, to 10 - 6 , 19 66, that (1) (we) last saw the deceased alive on 19 65, and that death accurred at 8:30 M, fram causes and an the date stated above. 10 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. 10-1-66 M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Rockville, Ind. NAME (Type) 12801 EVANSTON 57. Carl Silverman shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)
Silver Spring, 23a. BURIAL, CREMATION, 23b. DATE THEREOF (State) BEMOVAL (Specify) 10/8/66 Gate of "eaven Land Rockville 15K CEC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home "ockville. Md.

requires that the death certificate be executed within 24 hours after death. and campletely filled in by the funeral remave carban papers. Pages 1 and physician attending physer permit. Then p signed by has been be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate

pup

please

permit.

burial-transit

VR A15 (4) 20 M 1/66

director,

	30 30 3				
Sale and and a					
	1862210	NA A SQUENCES OF			
			STEEL W.		
		7 %			
			nem zu v.	an Thai	

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY P.M.3. Page ō death. delay Department c. CITY OR TOWN (Loutside corporate limits, write RURAL and give nearest town) after d. STREET ADDRESS Office along with farm within 72 hours the Stote This certificate should be executed within 24 hours after death. 3. NAME OF Middle DECEASED OF DEATH (Type or print) with 1 S. SEX 9. AGE (In years lost birthdoy) WIDOWED and 2 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR (State or foreign country) during most of working life, evan if retired) **INDUSTRY** pencil in I e, writing the word "pending" in pencil in forworded to the Chief Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ond 15. LA AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. orunknown) (If yes give wor or dotes of service or removal. 577-56-6840 IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Burns, 2nd and 3rd degree, 61% body area burial, cremotion, DUE TO

Conditions, if ony, which gove rise to immediate couse (a). stoting the underlying couse

20o. EXTERNAL CAUSE WAS

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 2De. PLACE OF INJURY (Home, form, (City or town) (County)

PRIMARY SQ or CONTRIBUTING
CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 1966

death resulted from:

20d. INJURY OCCURRED While Not While ot work 21. I certify that I taak charge of the remains described above, held an Autapsy

foctory, street, office bldg., etc.) Inspection

Bothesila Mont

Months

12. CITIZEN OF WHAT

COUNTRY?

(Stote) Mal and in my opinion

19. WAS AUTOPSY

PERFORMED? YES 💢

NO

INTERVAL BETWEEN

e. IS RESIDENCE

ON A FARM?

Natural causes ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER

Homicide |

22. DATE SIGNED

EXAMINER'S NAME (Type) 23o. BURIAL, CREMATION.

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

Accident X

23d. LOCATION (City or Town)

Address (Street, city, town, or county) Bethesda. Md. (County)

BOPTAT (Specify)

10-29-66

Gate of Heaven Cem.

Suicide .

Silver 2So. REC'D BY REGISTRAR

Spring, Maryland 2Sb. REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66

FUNERAL 0

0

0 pe

priar

designoted agent,

3 should

Poge 4 should be

the funerol director.

retained

Mov Heolth

> 24. FUNERAL DIRECTOR ADDRESS PUMPHREY. Bethesda. Md.

JOHN G. BALL

1956

Undetermined manner

lianles

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

14419

	L COUNTY	ontgomery		MARYL	LAND	a. STATE Virgi	Where deced nia	ased lived, if institu b. COU		nce befare	admissian)	
b	. CITY OR TOWN (If autside carparate limit	5,	c. LENGTH OF STAY IN	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)							
	Betheso	d give nearest tawn)		49 Days		Mc Lean						
d	I. NAME OF HOSPIT	AL OR INSTITUTION (If no	nt in haspital, o	give street address)		d. STREET ADDRESS			130	е	IS RESIDEN	
U	.S. Nava	l Hospital	Bethe	esda, Maryl	6518 Dryd	en Dr	ive		У	ON A FAR		
	NAME OF DECEASED	Fi	rst	Middle	1	Last	4. DATE	Mon	nth	Day	Year	
	Type ar print)	Car	rl	Ernest		MILLER	OF DEATH	1 Octo	ber	15	19	
s. s	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B	DATE OF BIRTH		9. AGE (In years			IF UNDER 24	
M	lale	Cauc	WIDOWED	DIVORCED		16 July 19	08	last birthday) 58 yrs.	Manths	Days	Hours	
lurir	ng mast af warking	(Give kind af work dane life, even if retired) .cs Enginee:	IN	ND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County Alexand			(OUNTRY?		
-	FATHER'S NAME	200		-		14. MOTHER'S MAIDEN						
0	be Mille	77				Myrtle T	eague					
15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. IN	NFORMANT	0112841	6518 Bdd	nsfen	Drive	2	
(Yes	yes	(If yes give war ar dates of 1925-195.	f service)	27-48-8298	Mag	. Thelma Mi	llen		U .			
7		EATH (Enter anly one cau			hit o	• THETHA PIT	TTCI	ric hear	9 8 77 7		RVAL BETWE	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gave)	(o) Bronc		rcino	oma with wi	de sp	read meta	astas		ET AND DEA	
	PART I. DEA' Canditians, if any rise to immediat stating the under last.	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gave e cause (a), rlying cause	(a) <u>Bronc</u> TO (b) TO (c)	hogenic car		oma with wi			as tas	ONSI	ET AND DEA	
	PART I. DEA' Canditians, if any rise to immediat stating the under last.	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gave e cause (a), rlying cause	(a) Bronc TO (b) TO (c) ONTRIBUTING T	hogenic car	TED TO TH	HE TERMINAL DISEASE COI	NDITION GIV	/EN IN PART 1(a)	astas	19. Y	ET AND DEA	
CERTIFICATION	PART I. DEA' Canditians, if any rise ta immediat stating the unde last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE which gave e cause (a), Ilying cause GNIFICANT CONDITIONS C	(a) Bronc TO (b) TO (c) ONTRIBUTING T	hogenic car	TED TO TH		NDITION GIV	/EN IN PART 1(a)	astas	19. Y	ET AND DEA	
	PART I. DEA' Canditians, if any rise ta immediat stating the unde last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INII Haur a.i.	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gave e cause (a), rlying cause GNIFICANT CONDITIONS C SUNDERLYING C IMPORTANT CONDITIONS C IMPORTANT	(a) Bronc TO (b) TO (c) ONTRIBUTING 1 20b. DE 20d. I! While of work	TO DEATH BUT NOT RELA SCRIBE HOW INJURY OCCURRED NOT While A of work	CURRED. (I 20e. PLACI facta	HE TERMINAL DISEASE COI Enter nature af injury in E OF INJURY (Hame, farm iry, street, affice bldg., etc.)	Part I ar Pa	/EN IN PART I(a) ort II of item IB.) (City or town)	(Co	19. 1 YES	WAS AUTOPS PEREGRMED S A NO	
CERTIFICATION	PART I. DEA' Canditians, if any rise ta immediat stating the unde last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INII Haur a. p.: 21. I certisaw the d	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gave e cause (a), rlying cause GNIFICANT CONDITIONS C SUNDERLYING C IMPORTANT CONDITIONS C IMPORTANT	(a) Bronc TO (b) TO (c) ONTRIBUTING 1 20b. DE 20d. I! While of work	TO DEATH BUT NOT RELA SCRIBE HOW INJURY OCCURRED NOT While A of work	CURRED. (I 20e. PLACI facta	HE TERMINAL DISEASE CO Enter nature af injury in E OF INJURY (Hame, farm	Part I ar Pa	/EN IN PART I(a) ort II of item IB.) (City or town)	(a ober19 and an	19.) YE:	WAS AUTOPS PERCORMED'S S A NO	
CERTIFICATION	PART I. DEA' Canditians, if any rise ta immediat stating the unde last. PART II. OTHER SI 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INII Haur a. p. 1 21. I certi saw the d 22a. SIGNATURE	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gave e cause (a), rlying cause GNIFICANT CONDITIONS C SUNDERLYING C IMPORTANT CONDITIONS C IMPORTANT	(a) Bronc TO (b) TO (c) ONTRIBUTING TO 20b. DE 20d. II While of world pital) aften-	TO DEATH BUT NOT RELA SCRIBE HOW INJURY OCCURRED NOT While of work of the deceased for 19 66, a	CURRED. (I 20e. PLACI facto fram 6 and that	Enter nature of injury in E OF INJURY (Hame, farm iry, street, affice bldg., etc.) September, death accurred at ATTENDING PHYS USA ADDRESS	Part I ar Part I	(City or town) ta 15 Octo M, fram causes STAFF PHYS.	(a ober19 and an 22b. 1	19. 1 YES aunty) 66, the date DATE SIGNE Octob	WAS AUTOPS PERCAMED (Sto (Sto c) (Sto c)	

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and campletely filled in by the funeral director, and 3 shalld he detached for use as the hirrial-transit normit. Then please remaye carbon papers. Pages 1 and Page 4 may be retained by the haspital or attending physician.

VR A1:

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 14420 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH o. STATEMaryland o. COUNTY b. COUNTY Montgomery Montgomery MARYIAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 6 days. write RURAL ond give neorest town) Gaithersburg . Md. Olney d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 621 N. Frederick Ave. Montgomery General Hospital YES NO V 3. NAME OF Middle Lost 4. DATE Year Doy DECEASED Oct. 19 66 6 Esther (Type or print) Mae Miller DEATH 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED Months Doys Hours White 5-29-07 1900 WIDOWED DIVORCED Female 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY Homemaker during most of working life, even if retired) COUNTRY? Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Charles Earp Lou Jefferson 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service) Montgomery Gen. Hospital Olney, Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) 260 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work ot work , 1906, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from Cot1 1966 ta Wat le 19 66, and that death accurred at 5:15am from causes and an the date stated above. saw the deceased alive an Oct 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr.A. D. Boni fant

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and lease remove carban papers. and in any event, within 72 ho crematian, ar remaval, signed by the a burial-transit pe burial, crematia Page 4 may be retained by the haspital ar attending physician. State Dept. af Health prior ta has been O FUNERAL DIRECTOR: After this certificate ATTENDING director, page 3 VR A15 (4) 20 M 1/66

Gartner Ernest

23o. BURIAL, CREMATION

24 FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

REC'D BY REGISTRAR 2So.

2Sb. REGISTRAR'S SIGNATURE

(County)

(Stote)

Melanles

367,2 984.7 The superior of the second y lacersbook Co ladiose for mel provou to the And the second property of the second And the state of the second of

18&21 Film 382 11-1MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 tems MEDICAL EXAMINER'S CERTIFICATE OF DEATH

14421 FOR STATE HEALTH DEPT. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File bages land 2 with the State Department af Health ar its designated agent, priar ta burial, crematian, ar removal, and in any event within 72 hours after death. any delay is TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

											-	
	PLACE OF DEATH o. COUNTY	MONTGOMER	Y		MARYL	AND	2. USUAL RESIDENCE (o. STATE	Where deceose D. C.	d lived, if institut b. COUI		e before o	odmission
-	b. CITY OR TOWN (If outside corporate limit	'S.	T c. L	ENGTH OF STAY IN		c. CITY OR TOWN (If o	utside corporate	limits write RU	RAL and give	neorest t	own)
	TA KOMA I	d give nearest town)		2	3 days/l		Washir			and give	4	7-3
		AL OR INSTITUTION (If n					d. STREET ADDRESS				е.	IS RESIDENCE ON A FARM?
1	Vashingto	on Sanitari	um &	Hosp:	ital		429 Butte	ernut S	t. N. W	•	YES	
3.	NAME OF DECEASED (Type or print)	Min	rst nie		Middle Bickel		Lost Miller	4. DATE OF DEATH	Mont		_{До} у	Year 19 66
S.	SEX	6. COLOR OR RACE	7. MARR	IED 🗍	NEVER MARRIED		. DATE OF BIRTH	9.	AGE (In years	IF UNDER 1		F UNDER 24 HRS.
F	emale	White	WIDOV	VED K	DIVORCED	<u></u>	-24-75	9	AGE (In years Jost birthdoy) Yrs.	Months	Doys	Hours Min.
	. USUAL OCCUPATION ing most of working	V (Give kind of work done life, even if retired)	10	b. KIND OF INDUSTR	BUSINESS OR RY		Pennsylv		ntry)		ZEN OF V	VHAT
13.	FATHER'S NAME W]	LLIAM BICK	EL				14. MOTHER'S MAIDEN FREDERICE		LBACH			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES?		16. SOCIAL	L SECURITY NO.	17.	NFORMANT		Addre	ess		
(Y)	s, no or unknown)	(If yes give wor or dates	of service)	167-	05-1243	H	ospital Red	cords	7600	Carro	11 A	venue
		EATH (Enter only one co	use për line	e for (o), (b), ond (c).)							VAL BETWEEN
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o)	Bilat	teral pu	lmo	nary embol	us			OWZE	AND DEATH
	465	× DUE	TO									
	Conditions, if ony		(b)	ari	sing fro	m l	eft leg.					
	rise to immediat		TO OT									
	last.)	(c)									
ATION	PART II. OTHER S	GNIFICANT CONDITIONS (ONTRIBUTI	NG TO DEA	ATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN	IN PART I(o)		19. W PE YES	AS AUTOPSY PEORMED? NO
CERTIFICATION	20o. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		201	b. DESCRIBI	E HOW INJURY OCC	URRED. (Enter noture of injury in	Port I or Port	II of item 1B.)		(
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Year	20	d INJURY	OCCURRED 2		E OF INJURY (Home, for		(City or town)	(Cou	nty)	(Stote)
MED	Hour o.i	10		Work	Not While ot work	focto	ory, street, office bldg., etc.	.)				
	21. I certif	y that I took charg	e of the	remains	described abo	ve, hel	d an Autapsy	Inspectio	n X. Inqu	Jiry ,	and in	n my opinior
	deoth resul	ted freta Natur	al causes	X/	Agrident .	Suici	de 🔲, Homicide		derermined m	armer		
	ACTUAL	1 101		//	///	4	CHIEF MEDICAL	L EXAMINER [3_			
	SIGNATURE	Lelde	en,	10	las	2	_ M.D.	DICAL EXAMINE		201	22.	DATE SIGNED
	EXAMINER'S A	BELDEN	K	1	PERP	14		AL EXAMPLE R	County)	cf.	3,1	766
230	REMOVAL (Specify	ON, 23b. DATE TH	EREOF -196	230	loeall	ERY OR (REMATORY	234 100	ATION (City or To	(co.9.	(ebi)niy)	(Stote)
24	. FUNERAL DIRECTO	R	1		ADDRESS		S.A. 2So. REC'	D BY REGISTRA		GISTRAR'S SI	GNATURE	Pamer
	XULTA	ur Hali	are	1	1514 Coc	e con	DATE O	ICT 6	1966	yeuras	Les)	udge

14490

VR A15ME (5) 6M 1/66

1-11-11

TOWNS THE PROPERTY OF STREET

A CHARLE CHE I CHARLE HOUSE OF I

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

100	1	Div	vision of STATISTICAL RI	ESEARCH AND RECORDS, 30		T, BALTIMORE, MARYLAND	21201
		14422		CERTIFICAT	E OF DEATH		14422
T dead	1.	PLACE OF DEATH O. COUNTY Mon	Tyomery Co.	MARYLAND	2. USUAL RESIDENCE (WI o. STATE	here deceased lived, if institution: Res	Monte om ev 1
by the Pages ours aft		b. CITY OR TOWN (If a write RURAL and gi	utside carparate limits.	36 kg,	c. CITY OR TOWN (If outs	ide carporote limits, write RURAL ond	give neorest town)
lled in popers.	9	d. NAME OF HOSPITAL	OR INSTITUTION (If nat in haspi	tal, give street address)	d. STREET ADDRESS	LAYhill Rd	e. IS RESIDENCE ON A FARM? YES NO
physician ond completely filled in by the funeral or phase remove carban popers. Pages I and ogether plain any event, within 72 hours after dear	3.	NAME OF DECEASED (Type or print)	Frazier First		ntgomery, Jr	4. DATE Month OF DEATH / D -	Day Year 2 19 66
emove any eve	2 2	Male 1	. COLOR OF RACE 7. MARR	VED DIVORCED	B. DATE OF BIRTH	last birthday) Mant Yrs.	1 12 7
ician or lease r	3 du	a. USUAL OCCUPATION (Gi ring mast af warking life, . FATHER'S NAME		b. KIND OF BUSINESS ÖR INDUSTRY	11. BIRTHPLACE (County &	nery Co. Md.	COUNTRY? USA
Syd Physical Physics of the Physics		Frazier WAS DECEASED EVER IN		16. SOCIAL SECURITY NO. 17.	Elizabeth	AME RED Man Lay Address	hill Rd S.S. M.
physician. signed by the ottending p buriol-transit permit. The buriol, cremation, or remo	()	es, <u>na,</u> ar unknawn) (If	yes give war ar dates af service)		thart	Audiess	INTERVAL BETWEEN
by the ransit cremati	1	PART I. DEATH V	H (Enter anly ane cause per line WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Intolud home	Jona		ONSET AND DEATH
physici signed buriol- buriol,	2	Conditions, if ony, wh	hich gave (b) (b)				
al or attending licate hos been for use as the Health prior to	\ \ -	stoting the underlying last. PART II. OTHER SIGNI	(c)	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
al or al icate h for use Health	CERTIFICATION	20a. ACCIDENT WAS UN	NDERLYING □ 20	b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in Po	art I ar Part II af item 18.)	PERFORMED? YES NO
certificertiin St. of	MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY MEET 20c. TIME OF INJURY	DICAL EXAMINER) Manth, Day, Yeor 20		ACE OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)
	Z A	Hour o.m. p.m.	19 of	wark otwork	tary, street, affice bldg., etc.)		19, that (I) (we) last
ECTOR: A should with the	200		eased alive an 10	19, and the	at death accurred at_	MED. STAFF 221	n the date stated abave. b. DATE SIGNED
AL DIRE	250	22c. PHYSICIAN'S NAME (Type)	Richard -	THOUSE Per	D. PHYS. 22d. ADDRESS	ORECTOR PHYS. D	10/2/86
Poge 4 moy be retoined O FUNERAL DIRECTOR: director, page 3 should should be filed with the	23	a. BURIAL, CREMATION,	23b. DATE THEREOF 10→5→66	23c. NAME OF CEMETERY OR Dickerson	CREMATORY	23d. LOCATION (City or Town) Dickerson, Md.	(County) (Stote)
VR A15 (4)	2	4. FUNERAL DIRECTOR Francis H.		tons vi Ile, Md.	2Sa. REC'D DATE 0	BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE

Legal Hard to transition and the second second second

the property of the second of Mark Walter Commencer Comm The transfer of the state of th

earch appet and a land

es or a region of the

MARYLAND STATE DEPARTMENT OF HEALTH

D 21201 14423

14400	CERTIFICATE OF DEATH
14423	CERTIFICATE OF DEATH
Division	of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN

	TIAMO						9 43		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (V		L COIL	NTV			
	o. COUNTY Montgomery	MARYLAND	Mar	yland	1	Mon	tgome	гу	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	utside corpo	rote limits, write RU	RAL and give near	est town)	100	
	Olney	DOA	Spencervi	lle			15.1		
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol,	give street oddress)	d. STREET ADDRESS	U.			e. IS RESID ON A FA		
	Montgomery General Hospi	tal, Olney,Md.	None					NO X	
. 3.	NAME OF First DECEASED Kenneth	Middle	Lost	4. DATE OF					
	DECEASED (Type or print) Kenneth	Russell M	loore	DEATI	н 10	20	19		
	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months Doys		24 HRS. Min.	
	Male White WIDOWED	DIVORCED	6/21/08		58 yrs.			wiil.	
10		KIND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County	& Stote, or f	foreign country)	12. CITIZEN	OF WHAT		
au		ash Disposal	Marylan	b		COUNTRY	USA		
13	FATHER'S NAME	1/2	14. MOTHER'S MAIDEN N	NAME	10 00	7 . * 4	2 -	- 4	
	Unknown / athani	el /kaare	-Unk	CHOWN.	Kelle	allell	can	w	
			NFORMANT		Addr	033	11800		
10	(If yes give wor or dotes of service)	14-14-8204 Fa	mily, Spe	encerv	ville, Ma	ryland			
F	18. CAUSE OF DEATH (Enter only one couse per line fo	r (a), (b), ond (c).)					NTERVAL BET		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	10 Condini I	nlarction -	- Bon	Herer, W	a11 /	INSET AND D	EATH	
	4201 DUE TO				L.V.				
	Conditions, if ony, which gove) (b)	homselestic	Ocelusion	n -(P) Corn	ary h	OUIS		
	rise to immediate couse (o), stoting the underlying couse				Ar ler	V -	-dai	10	
	last. (c) A	hemselerosis	- Covenor	1 As	so aen	Severa C	1ear	2	
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		HE TERMINAL DISEASE CON	NDITION GIV	VEN IN PART 1(o)	19	9. WAS AUTO		
10N	Hunestension -		1		515 5		PERFORME YES V	D? NO 🗀	
A	20o. ACCIDENT WAS UNDERLYING D 20b. D	ESCRIBE HOW INJURY OCCURRED.	- P 1 7 11 11 1	Port I or Po	ort II of item 18.)				
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
		INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, form	n. 20f.	(City or town)	(County)	(Stote)	
MEDICAL	Hour a.m. While	e Not While focto	ory, street, office bldg., etc.)		(5.17 5. 15.11.1)	(-0//	,	, ,	
	p.m. 19 of wo 21. I certify that (1) (this hospital) other		MCZAA S 1	1962	to Oct /	7 1966	that (DY)	ve) last	
	saw the deceased alive on	17 19 66, and that	death accurred of	7:35E	M, from causes	and on the de	ate stated	above.	
	220. SIGNATUR					22b. DATE SIG			
	John M At	rencer M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.				
	22c. PHYSICIAN'S John R. Spence:	-	22d. ADDRESS	C-2-	at a pa			24.3	
	NAME (Type) South R. Spence.	h .	15444	COLUM	mbia Rd.,	Surtons'	ville,	Md.	
23	o. BURIAL, CREMATION, 23b. DATE THEREOF	234 NAME OF CEMETERY OR C	REMATORY	23d.	CATION (City or To	own) (Coun	ty) (Si	ate)	
	REMOVAL (Specify) 10/23/16	Unean Ces	netery	16	unlans	welle /	Kent.	My.	
2	4. FUNERAL DIRECTOR	ADDRESS // /	tava 25%. REC'I	D BY REGIS		EGISTRAR'S SIGNAT	_		
	Charlett (1)	318 yally	BATE	OCT 2	5 1966	Milare	as Ques	Laz.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior ta burial, crematian, ar removal, and imply event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66

Ze introduce Joseph I Hagaing, const, left, school Chevel dead dans The state of the s burning Association and the control college with the college of the coll . Man and the contract of the

MARYLAND STATE DEPARTMENT OF HEALTH
of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

	90			OT STATISFICAL RE	SEARCH AND RECORD			, DALIIMUKE, MAKI	LAND ZIZU	
200	4	6	14424		CERTIFI	CATE OF	DEATH			14424
ours after deoth by the funeral Pages I ond tours ofter deoth			PLACE OF DEATH I. COUNTY Mon 7	gomeky	MARYL	0.5	JAL RESIDENCE (Whe STATE Mak	re deceased lived, if institu 4 / and b. COI	HNTY	before admission)
the the ages s off		t	 CITY OR TOWN (If outside write RURAL and give nea 	rest town)	c. LENGTH OF STAY IN			le corporote limits, write R	URAL ond give n	eorest town)
by P.			Silver :	PRING	5 da 45	- 11	Suitha			16-2
n 24 hc illed in papers. in 72 h	70	K	Andolph H:	1110110N (It not in hospit	ny Home	- 11		as Terw ?	LANE	e. IS RESIDENCE ON A FARM? YES NO
ecuted withi completely f ove corban y event, witl		(VAME OF DECEASED Type or print)	IN A	Middle A	MOK	T	OF DEATH OCT		Day Year 25 1966
xecute d comp move ny eve		S. S	,	R'OR RACE 7. MARRI			OF BIRTH - 10 - 189	9. AGE (In years lost birthdoy) 72 yrs.	1000	ays Haurs Min.
te be ex ian ond ase rem		10o. duri	USUAL OCCUPATION (Give kinding most of working life, even in Housewife)	of work done 10t retired)	b. KIND OF BUSINESS OR INDUSTRY		RTHPLACE (County & St	tote, ar fareign country)	COUN	EN OF WHAT TRY? SA
physician en please ovol, ond			FATHER'S NAME		m premer ne	14. M	OTHER'S MAIDEN NAM	AE .		
cert men mov		_	Ward Algate				ois Danle	V		
attending permit The		IS. (Ye	WAS DECEASED EVER IN U.S. A s, na, ar unknawn) (If yes give	RMED FORCES? war ar dates af service)	16. SOCIAL SECURITY NO.	Betty		Add 110 Eastern	lress Lane Si	uitland Md
that the death certificate be executed within 24 hours after death ian. by the attending physician and completely filled in by the funeral transit permits—then please remove corban papers. Pages 1 and scremation, or removal, and in any event, within 72 hours after death			18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSE)	MEDIATE CAUSE (o)	for (o), (b), and (c).) URCINOMO	Tosis	3			INTERVAL BETWEEN ONSET AND DEATH
w requires ling physic een signed the burial- r to buriol,			Canditions, if any, which go rise to immediate cause (stating the underlying cau lost.	0), (DIE TO	RCIN ama	. 08	Sigm	raid and Bi	ladder	425
	0	ATION	Generaliza		NG TO DEATH BUT NOT RELATE RIOSÉ/CROS		MINAL DISEASE CONDIT	TION GIVEN IN PART 1(o)		19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: The e hospitol or otte his certificate hos stocked for use a Dept. of Heolth pr		CERTIFICATION	20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING ☐ CAUSE (IF EITHER, NOTIFY MEDICAL E	ING □ 20b	DESCRIBE HOW INJURY OCC	URRED. (Enter no	ature of injury in Port	t I ar Port II af item 18.)	1481	
Ot tas		MEDICAL	20c. TIME OF INJURY Mont Hour o.m. p.m.	W	d. INJURY OCCURRED /hile Not While work 1		JURY (Hame, farm, et, affice bldg., etc.)	20f. (City or town)	(Caunt	y) (State)
red by R: After ould be the Stol			21. I certify that saw the deceased	(I) (this haspital) at alive an	tended the deceased f 0/24 1966, a	ram <u>rO/.</u> nd that déath	n accurred at	M, fram cause	25, 19 <u>60</u> s and an the	date stated abave
TO HOSPITAL OR ATTENDIN Page 4 moy be retoined by TO FUNERAL DIRECTOR: Afte director, page 3 should be should be filed with the Sto			220. SIGNATURE	nd T.	Beneck	M.D. PH		D. STAFF RECTOR PHYS. [22b. DATE	25/65
FO HOSPITAL OF Page 4 moy be FUNERAL DIR director, page 3 should be filed	1		22c. PHYSICIAN'S NAME (Type) RM	ymond 7	. BENACK	MO 4	d. ADDRESS		wheat	on mid
Page 4 O FUN directo		230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMET			23d. LOCATION (City or 1		aunty) (State)
5 5 5 p			REMOVAL (Specify) Burial	10-29-66	Lauderdale	e Mem. (2So. REC'D B	Fort Laude	rdale REGISTRAR'S SIGI	Florida
VR A15 (4) . 20 M 1/66		Wi	funeral director Thelm Funera	1 Home 430	8 Suitland Ro	d Suitla Maryla		CT 2 7 1966		rles Judge

A.S. C. - 6 HT/30 10 3 (2) HT/5 Actions of the base years to be a first the second

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL' RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14425 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) and in any event, within 72 YES NO X 3. NAME OF Middle 4. DATE Last Manth Year DECEASED OF DEATH 1966 (Type ar print) IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 NEVER MARRIED remave last birthday) WIDOWED DIVORCED 24-1 10a-USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10b. BIRTHPLACE (County & State, or foreign country) Then please during most at working life, even if retired) sertulo MOTHER'S MAIDEN NAME 13. FATHER'S NAME INFORMANT Betty WAS DECEASED EVER IN U.S. ARMED FORCES? 6. SOCIAL SECURITY NO. Mossburg (Yes, na. apanknawn) (If yes give war ar dates af service) burial, crematian, or 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN S CAUSED BY: Gastrointestinal hemorrhage 3 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Canditians, if any, which gave (b) Rupture, esophageal varices rise ta immediate cause (a), DUF TO stating the underlying cause be detached far use as the State Dept. of Health priar ta (c) Cirrhosis, liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? YES 🗶 NO 20b. DESCRIBE NOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth, Day, Year (City or town) (Caunty) Nat While factory, street, affice blda., etc.) at wark 21. I certify that (1) (this haspital) attended the deceased fram 10-3-, 1966, to 10-13-, 1965, that (1) (we) last 1966, and that death accurred at 5 % M, fram causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S directar, pa shauld be f NAME (Type) L/NWOOD 4405 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) B REMOVAL (Specify) Spring, Maryland 10-17-66 Gate of Heaven Silver 25b. REGISTRAR'S SIGNATURE Quedge 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR ROBERT A. PUMPHREY. Bethesda. Maryland

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral ave carban papers. Pages 1 and and physician attending permit. burial-transit signed by be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been for detached O HOSPITAL OR ATTENDING shauld 4 may

VR A15 (4) 20 M 1/66

Marie Limperto College Plan . You Had a second MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14426 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY montgomery b. COUNTY montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1h write RURAL and give nearest town) 35 mi d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Kensingto d. STREET ADDRESS IS RESIDENCE ON A FARM? 4418 amble NO X 3. NAME OF DECEASED Middle 4. DATE Day Year 3 10 19 66 LOUIS nunde DEATH (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED last birthday) Manths WIDOWED 5 male DIVORCED 10b. KIND OF BUSINESS OR CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired) INDUSTRY Retired from God Indiana 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Mundy Mathilda Krebbs 17. INFORMANT Daughter 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. Address Same as Item 2. 579-60-4176 Mrs. Ira Shoemaker INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a.m. factory, street, affice bldg., etc.) at wark 21. 1 certify that (1) (this haspital) attended the deceased fram_ and that death accurred at 722 M, fram causes and an the date stated above saw the deceased alive an, 22b. DATE SIGNED 22a. SIGNATURE STAFF DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JOHN J. CURRY 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) Burlal (Specify) 11-4-56 Mt. Olivet Cemetery Washington, 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR 1966 PUMPHREY, Bethesda, Maryland

requires that the death certificate be executed within 24 haurs after death. and campletely filled in by the funeral remave carban papers. Pages 1 and signed by the burial-transit by the haspital ar attending has been TO FUNERAL DIRECTOR: After this certificate be retained Page 4 may director, po should be f

VR A15 (4) 20 M 1/66

0

crematian,

13 / 41 A THE PARTY OF THE PROPERTY OF THE PARTY OF A STATE OF THE PARTY OF THE PAR

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14427

CERTIFICATE OF DEATH

14427

PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)									
Montgomer			MARYLA		Maryland Prince Georges								
O. CITY OR TOWN (f outside corporate limit	ts,	c. LENGTH OF STAY IN 1	lb c	CITY OR TOWN (If	autside carp	arate limits, write RU	RAL and give r	neorest tawn)				
heaton	give nediesi idwiij		1 mo.		Morningside /6-2								
. NAME OF HOSPIT	AL OR INSTITUTION (If n	at in haspital, g	give street address)	d	d. STREET AOORESS e. IS RESION ON A FAI								
Universit	ty Nursing	Home			5717 Off	utt Di	rive		YES 🗌	NO 🗌			
NAME OF	F	irst	Middle		Lost		E Mon	th	Day Ye	or			
(Type or print)	John	Francis	Nassif						1.0				
SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	8. [ATE OF BIRTH					R 24 HRS.			
Male	White	WIDOWED	DIVORCED	□ _5	/15/1897		69 yrs.	Monins	7443 110013	MIII).			
USUAL OCCUPATION	(Give kind af wark dane				I. BIRTHPLACE (Cau	inty & Stote, o	r fareign country)						
Tool make	eren ir rerired)	IN	DUSIKT		Stamford	. Con	ecticut						
FATHER'S NAME		er San		14	. MOTHER'S MAIOE	EN NAME							
Joseph					Mary Fa	rhart							
WAS DECEASED EVE	R IN U.S. ARMEO FORCES?	16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	ess					
	(II yes give war or adies	di service)	100	Mrs	. Ann Mo	reno 4	900 O Str	eet Hi	llside,	Md.			
IB. CAUSE OF DI		use per line far	(a), (b), and (c).)			2			INTERVAL BET				
PART I. DEA		(a) ao	lenocar	un	Anna	of	Creim		ONSET AND I	DEATH			
1530			. 71)	1 1	11	SMALLER						
		(b)	with	me	tout	Enc			yea	1			
		TO		fills:				79.4	A				
last.	11.13 60000	(c)		ETE	W-140			132					
PART II. OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATE	ED TO THE	TERMINAL DISEASE	CONDITION (GIVEN IN PART 1(0)		19. WAS AUT	OPSY			
									YES	NO 🗍			
		20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (Ent	er nature af injury	in Part I or	Port II of item 18.)						
										123			
20c. TIME OF INJU	JRY Month, Day, Year	20d. IN					f. (City ar town)	(Coun	ty)	(State)			
Haur a.r	n.			factary,	street, affice bldg., (etc.)							
				om C	ut/	1965	10 au 2	196	£ that (1) (we) last			
saw the d	eceased alive an_	aut.	23 196 6, an	d that d	eath accurred	at 2	M, fram causes	and an the	date state	d abave.			
220. SIGNATURE	£ .	0		1 14 14 15		/				6 -			
Wil	liam	a.	new	M.D.	PHYS.	OIRECTO	R PHYS.] /0	133/6	13			
	A LITER OF				22d. ADDRESS								
NAME (Type	William I	Brainin.	M. D.		6124 C	entra]	Ave., Ca	pitol	Heights	Md.			
		IEREOF	23c. NAME OF CEMETE	RY OR CRE	MATORY	23d.	LOCATION (City or To	iwn) (C	aunty) (S	State)			
	A			T/CE	ETERY	Kel WAS			-574				
FUNERAL DIRECTO		MERAL	HOME ADDRESS	2	2Sa. R	EC'D BY REG		EBISTRAR'S SIG	NATURE				
The		ANDIRD	LISUITLANDL	AD.	DATE	OCT 2	27.1966	youan	ves fue	ges_			
	COUNTY ONTEOMET O. CITY OR TOWN (INVITED THE TOW	COUNTY CO	COUNTY CO	COUNTY ON TOWN (If outside corporate limits, write RURAL and give nearest tawn) I. MO. I. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Driversity Nursing Home NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Driversity Nursing Home NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) Driversity Nursing Home NAME OF CALL OR OR RACE NAME OF DECEASED OF PIRST MASSIF SEX	COUNTY OCCUPRED WARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) J. NAME OF DEATH (If nat in haspital) J. NAME OF BUSINESS OR INDUSTRY J. NAME OF BUSINESS OR J. NAME OF CEMETERY OR CREATERY OR CREATERY OR CREATERY OR CREATERY J. L certify that (I) (this hospital) attended the deceased from at work J. NAME (If yee) William Brainin, M. D. BURIAL, CREMATION, Z20. NAME OF CEMETERY OR CREATERY OR CREATERY J. O. J. J.	COLITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1. CLEY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1. Man (C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. Name OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. Name OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. Name OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. Name OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. Name OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. Name OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. Name OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. Name OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1. Name OF Lands (If nat in haspital, give street address) 1. Name OF Lands (If nat in haspital, give street address) 1. Name OF Lands (If nat in haspital, give street address) 1. Name OF Lands (If nat in haspital, give street add	COLINY CONTROL ON (If outside corporate limits, write RURAL and give nearest town) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) I. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (IT not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (IT not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (IT not in haspital, give street address) III. NAME OF HOSPITAL OR INSTITUTION (IT not in haspital, give stree	COUNTY COUNTY (IT outside corporate limits, write RU Maryland C. LENGTH OF STAY IN 1b Maryland dive nearest town) The atom diversity Nursing Home The atom diversity Home The atom	COUNTY C	COUNTY C			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. af Health priar to burial, crematian, becomes, and in any event, within 72 hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

		ANTENNA SENTEN LANG	
1544			73.5.7
distribution of American	boulgrad		Tener Mari
	-Listeningoli	.cm S	
loive	darie viji	90.05	phiern themsil
01 01		Tronous Linear	mic.
	x = 115/1647 =		estaw sin
dunge seam	Distriction of		TEXPO ICO
	saires great		Joseph desaol
			motor
	Na ratas in science		
el Aye. Captiol actents.	Java Est	Marinia. N. D.	
To 7 1866 Allerian Junior	00	Andreas Inc.	r se Kroba Vil

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
14428

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)			
MONTBOMERY	a. STATE Maryland Pr. Geo.			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR YOWN (If outside corporate limits, write RURAL and give nearest town)			
SILVERS PRING. V MONTH, 9 days	Laurel /6.2			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE			
Fairland NURSING HOME FAIRLAND R.d.	Route 2 - Box 117 ON A FARM? YES ND X			
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year			
(Type or print) Albert Beyvard	Ned DEATH 10 - 16 1966			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.			
male W WIOOWED DIVORCED	5-20-1877 89 yrs. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	1161			
OS. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
WM OSPAR NPAL	JosePhiNe Boswell			
	INFORMANT Address 4104 - 31st			
(Yes, no, or unknown) (If yes give war or dates of service) I/5-38-7/407 N	Ar. Oscar T. Neal -St. Mt Reinier			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	(SOD) Mad INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH			
IMMEDIATE CAUSE (a) Free Months of Coronac failure				
7500 DUE TO				
gave rise to immediate (b) When Kerperalory Infection				
cause (a), stating the DUE TO				
underlying cause last. (c) Arthur selections contributing to Death But not related to the contribution of	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY			
TAKE II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT HOT RELA	PERFORMED? YES NO T			
2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	in Ed. (Eller liatate of injury in Fart Co.) Tark it of item 2007			
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)			
Hour a.m. p.m. 19 While Not While at work at work	ry, street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended the deceased from	1960 to 19 - 1966, that (1) (we) last			
	death occurred at 20 P.M, from the causes and on the date stated above.			
22a. SIGNATURE 22b. DATE SIGNED				
Idolo turandie, M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. 19-16-66			
22c. PHYSICIAN'S	22d. ADDRESS			
NAME (Type)				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 10/19/66 Fort Linco				
POLITAL TO TA DE LOS DE LA DELLA DELLA CO				
Mattel, 8				
Funeral Home Inc. Maryland	DATE OCT 20 1966 Charles Judge			

VR AI5 (4) 2DM 1/65

THE AND - 2 METHOD IN TALK IN NOTICE AND SHOULD SEE THE THE In the state of th Participant to the second of t

FOR

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. llay is necessary, EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an TO DEPUT

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14429 14424

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decreed lived, if Institution: Residence before edmission)
	O. STATE B. COUNTY BONT GOMERY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearast town)	1.
Betsesde Doit.	CAITHEES BURG
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Dubur BAN	Koute 3 YES NO N
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) PH, Lip	NOLAND DEATH OCT / 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
MALE NEGRO WIDOWED DIVORCED	Sent 13 1914 52 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY	- CP-1
done during most of working lifa, even If retirad)	MARY/AND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	A A TOTAL TOTAL
GEORGE NOTAND	NETTIE MACABEE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unkown) (Ifyesgivewerordatesofservice)	NFORMANT
Ves - 2nd U1-10-	Anna Paris - Sister - SAME -
V18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	tus ha drable ONSET AND DEATH
7971	
DUE TO	0:01
Conditions, if eny, which geve rise to immediate cause	in generalized,
(a), stating the underlying DUETO	
cause lost. (c) mpluper	na
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
E	PERFORMED?
200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Entar nature of injury in Part I or Part II of item 18.)
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
al work at work	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X. Accident Suici	
1 10 //// /	CHIEF MEDICAL EXAMINER
SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	DEPUTY MENCAL EXAMINER X / 1911
EXAMINER'S SELDEN K, YEAP N	Address (Street, city, town, or county)
	CREMATORY 22d. LOCATION (City, town, or county) (State)
BURIAL 196/66 Arlington	Whitings Arlington VA.
23. FUNERAL DIRECTOR) ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
D. D. I. I S D. R D	
Much Amurain vickull	La nell DATE OCT 6 1966 Marcy Judge

VR A15ME SM 1/63

in The grant of the " Born Boar . 21.20 1 1 4 h as at compared within the built plat.

		MAKILAND 31	ALE DEPART	WEIGH OF H	EALIN	
	DIVISION OF STATISTICAL	RESEARCH AND F	RECORDS, 301 V	V. PRESTON ST	TREET, BALTIMORE 1,	MARYLAND
^	14430	Ttem Id Fi	FICATE OF	DEATH	m h	14430

Z ITRUU Ite	em ld Film G32	51 10/17/6	6 mh	2 - 1 - 1
PLACE OF DEATH o. COUNTY				institution, Residence before admission) TY
Montgomery	MARYLAND	Maryla		Montg.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		If outside corporate limits, write	
Beallsville	6 mo.	Mt. Rai	nier	16-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS		. IS RESIDENCE
Rt. #109			- 28 th St.	YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	
(Type or print) CORH.	Ellen /	VORRIS	DEATH OCTOB	ER 8 1966
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeers last birthday)	
Fem. White WIDOWED		Sept. 9. 18	380 86 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (Cour	nty & State, or loreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife			yland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Harry Bowman			rine Darby	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	SOCIAL SECURITY NO. 17. 11		Address	
No	10-48-9516c.	W. Norris	Bealls	ville. Md.
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (e), (b), and (c).]	2	1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	DROSTATIC	PNEUI	MONIA	ONSET AND DEATH
IMMEDIATE CAUSE (a)	DIEOSIMITE	- 1111001	11 074	rweers
DUE TO NO	700	1		1. 0
Conditions, if eny, which) (b) HUR	TERIOSCE	LEROS!	6	years
geve rise to immediate cause DUE TO				0
(a), stering the underlying				
(0)	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CON 200. ACCIDENT WAS UNDERLYING 20b. DESI OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	30110	THE TENNI		PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRED	D. (Entar nature of injury i	n Pert I or Pert II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
	NUMBER OF STREET	CE OF INITIDY (II (- 1 204 (Clay 1)	(County) (State)
20c. TIME OF INJURY Month, Dey, Year 20d. II Hour a.m. While at work		CE OF INJURY (Home, ferrory, street, office bldg., atc		(County) (Stele)
p.m. 19 at work				
21. I certify that (I) (this hospital) attend			(h)	, 19.6.6 that (I) (we) last
saw the deceased alive on	19. 6 , and that	death occurred at/./	M, from the causes a	and on the date stated above.
228. SIGNATURE	weet	Britis B.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S	м.	22d. ADDRESS		
NAME (Type) John G. Fawc	ett	77 - 141	Mary, and.	ARES HERES
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City, tov	wn or county) (Stete)
REMOVAL (Specify)				
Burial 10/11/66	Monocacy	1-	Beallsville	
20 FUNERAL DIRECTOR'S SIGNATURE	Barnesville		C'D BY REGISTRAR 25b. REG	
Constance & Fellon	MAI HODVALLE	DATE	OCT 1 3 1856	Mearles Judge

VR A15 (4) 20M S-63

\$ \$			· * *
· selfelling			S symmetric and
	30 mms 718	6,000	allevaling.
	10 F 25 = 1044		
		Edulas F.	
	3645.00.1130		
			a strongel
	TAME SOUTH THE PARTY OF		new New York
•	not be a serior of		
			An Park Charles
	Alson M.		
	• ETT :		The street of th
.64	Section Section	уодорной го	(1) - (1) -
	The state of the s		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1443	1	CERTIFI	CATE OF	DEATH		14431
o. COUNTY	ontgomery	MARYL	0.		Vhere deceased lived, if instituti York	ion: Residence before odmission) VTY Westchester
 L. CITY OR TOWN 	(If outside corporate limits,	c. LENGTH OF STAY IN	1b c. Cl	TY OR TOWN (If au	tside carparate limits, write RUR	(AL and give nearest town)
Poolesvi	and give nearest tawn)	? 2 months	1	225 Midl	and Avenue	693
		in haspital, give street address)	d. S1	REET ADDRESS		e. IS RESIDENCE
Reddick	Road - Red C	ak Farms	В	ronxville	e, New York	ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Geraldi	ne Carlie C	BERH	Lost AMMER	4. DATE Month OF DEATH Octobe:	
s. sex Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		ember 1	9. AGE (In years birthday) 56 yrs.	Manths Days Haurs M
10o. USUAL OCCUPATI during most of warking Rece	ION (Give kind af wark dane ng life, even it retired) Puonist	10b. KIND OF BUSINESS OR INDUSTRY			& State, or foreign country) City, N. Y.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14.	MOTHER'S MAIDEN N	NAME	
Samuel .	P. Heap		Ed	lna C. So	chlater	
1S. WAS DECEASED E (Yes, no, or unknown NO	EVER IN U.S. ARMED FORCES? (If yes give war ar dotes of s	16. SOCIAL SECURITY NO. 061-10-3650		MANT Daugh Sandra O		esville, Maryla
170 Canditians, if a	ny, which gave (b)	Metastatic Carsingma	Carc	enia, Bi cinoma Right	Parent Breast	Joseph And Dear 3 mant
PART II. OTHER	SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELA	TED TO THE TER	RMINAL DISEASE CON	IDITION GIVEN IN PART 1(0)	19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTII	WAS UNDERLYING □ NG □ CAUSE OF DEATH FY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCC	CURRED. (Enter	noture af injury in l	Part I ar Part II af item 18.)	
20c. TIME OF II	NJURY Month, Doy, Year a.m. p.m. 19	20d. INJURY OCCURRED While Not While at work at wark		NJURY (Home, farm eet, affice bldg., etc.)		(County) (Stat
saw the	deceased alive on	attended the deceased 1	ram <u> </u>	th accurred at	966, to BOC 654 M, fram causes	+, 19 <u>66</u> , that (I) (we and an the date stated a
22a JIGNAT	da M. An	ETT .	M.D. PI	TTENDING HYS.	MED. STAFF DIRECTOR PHYS.	50ct 66
22c. PHYSICIAI NAME (TY	(pe) Gordon I	1.5mith, M	·D·		nesville	, Md.
23a. BURIAL, CREMA REMOVAL (Spec	tify) 23b. DATE THERE	Beachwood		etery	New Rochel	le New York
Robert Robert	A. Pumphre	y Bethesda,	Maryla			Clayley Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely filled in by the funeral director, page 3 should be detached far use os the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar ta burial, crematian, or remaval, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 moy be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

184-1	ATTACA NO ATTACA		6 4 4 m
*Enterior	Six V vold		in months.
	spency bendels 5, at a sd		ellv slop
	and with a discount	amus shoul	addick Equil - Pac
	.000	in continu	285 C-2
98 0	Replember 15, 191 5		Semule (hite
180	New York Olly v.		leconionist
elverski si inc	ndano, combination (combination) and the	Self-IIII	Scannol 2. Gesp
4/8/2/20	Promove Ruter		THE WAY IN
B Blood	CANGE ANGELOYAD		
frim 3/ =	- of Proph Browst	HIVALD YAD	
		er schelenzol	
	17 A 65 50c	A Oct 16	AND A STREET ASSESSMENT OF THE SECOND
50ct 66	The same of the same of	All market	Lode W. B
I O M	M.D. Barnesville	M-Smith	me brad
	oca Contacty Now Medical	.10	al il gar di-ma
Secretary design	in Albuma was brokensa.	mente to	Mytas . Tagori

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

3.3.20%	KINIONIE OF DEATH		4402
1. PLACE OF DEATH a. COUNTY		E (Where deceased lived, If Institution:	Residence before admission)
Montgomery	MARYLAND a. STATEMary	land " Mo	ntgomery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	H OF STAY IN 1b C. CITY OR TOWN (IF	outside corporate limits, write RURA	L and give nearest town)
Bethesda	years Bethes	da	15-1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, given	e street address) d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
5604 Pollard Rd.	5604 Po	llard Rd.	YES NO X
DECEASED	O'CONNELL, JR.	4. DATE Month DF DEATH Oct. 22	Day Year 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE		9. AGE (In years IF UNDER	R 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED Jan. 19, 1	.915 Sast birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BU	SINESS OR 11. BIRTHPLACE (Co		CITIZEN OF WHAT
Ass't Secy. Home Building As	soc. Virgin		U. S.
13. FATHER'S NAME	14. MOTHER'S MAID		
Frank E. O'Connell, Sr.	Mamie G	ogan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE (Yes, no, or unkown) (If yes give war or dates of service)	CURITY NO. 17. INFORMANT fa	ther Address	an Thom O
Yes WWII 579-44	2752	Connell Sr. Same	as Item 2
18. CAUSE OF DEATH [Enter only one cause per line tor (a),	(b), and (c).]	1 2	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mysecurdial in	harlun	ONSET AND DEATH
4201 DUE TO 40	1 1 %		Q
Conditions, If any, which) (b) Seneral	ized averiose	linesis	yeurs
gave rise to Immediate cause (a), stating the DUE TO	0		0
underlying cause last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
3 Deabeles Mellius	cornosis of	luces	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI OCCUPATION OF CONTRIBUTING TO DI OR CONTRIBUTING TO CONTRIBUTIONS CONTRIBUTING TO DI OR CONTRIBUTING TO CONTRIBUTIONS CONTRI	HOW INJURY OCCURRED. (Enter nature of	Injury in Part I or Part II of Item 18	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC		rm, 20f. (City or town) (Co	unty) (State)
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour a.m. While at work at w.		(C.)	
21. I certify that (I) (this hespital) attended the de		49 to 10-22-196	0, that (I) (we) last
saw the deceased alive on 10-22- 19	66, and that death occurred at 4	2 A.M. from the causes and on	the date stated above.
22a. SIGNATURE PRyland	ATTENDING ATT		DATE SIGNED
22c. PHYSICIAN'S CP RYLAND	22d, ADDRESS 4400	49 St. WW. Was	lugter DC
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
Buria1 10-26-66 Mt.	Calvary Cem.	Richmond, Vir	ginia
24. FUNERAL DIRECTOR AD	DRESS 25a. REC	'D BY REGISTRAR 25b. REGISTRAR	
ROBERT A. PUMPHREY, Bethes	da, Maryland	OCT 26 1966 OCL	anles Judge

	The state of the s	
No. o		No. Vi
raspedict.		Market Committee
	gonesa Seringula	e sentras
	Tour mariant mod	Serve torliand Da.
(= -	a coentr, in. 1919 at	24142
	ningapi pangapa	Assistance Notes
	r. Hande Segan	Erma P. Attorner, S
	Taids Taids . Annes Estadio	
	Para de la companya de la parte. La companya de la parte de	
	2 (2122) 1 25 3 7 (1023 22)	West State of the
A STATE OF THE STA		
		THE REPORT OF THE PARTY OF THE
ALTERNATIV ,	on Calvary Com Decimond	BI-BC-DL - DESKNA
af many	manda, Marriand . Tay you need	BOBIET A. PONEERST, DE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14433

CERTIFICATE OF DEATH

14433

NE	1		* * * * * * * * * * * * * * * * * * * *	
E 8 5	1	1. 1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
funera dea	/1/		a COUNTY /	o. STATE / b. COUNTY /
3-8		10	10N+TOINERLY MARYLAND	Maryland mentsomely:
by the f Pages aurs aft		l	b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b	c. CITY OF TOWN (If outside carparate limits, write RURAL and give nearest Jawn)
7 a		Z	write RURAL and give neurest tawn)	1 2
2 B		6	Bethesda 16 HRS 30 MIN	
는 S S		_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
illed in papers. nin 72 h	do	5	Cul la Charlet	KL403 HIGNKIN ST. YES NO
filled pape thin 72	18	1	eburban Hospital	
¥ = =			NAME OF A A / First Middle	Lost Oest 4. DATE Month, Doy Year
, be			DECEASED (Type or print) William T.	DEST DEATH CACT 8 146
cal		S. 9		DEATH
campletely ove carbar y event, wi		2. 3	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
200		7	70/F, Willy TED WIDOWED DIVORCED	7-17-10 56 yrs.
cian and campletely filled in by t ease remove carban papers. Pai andin any event, within 72 haurs		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11_BIRIHPLACE (Caunty & State or fareign country) 12. CITIZEN OF WHAT
e l		duri	ing most of working life even if retired) INDUSTRY	COUNTRY
physician and en please rem aval, and in an		1	vedit Manager Suburban Trust Co	17-6U) JEKOCY U.S. H
		13.	FATHER'S NAME	14. MOTHER'S MAIDEN HAME
5 5	1	TO Y	711/1/2m H (185T	to the Rind I chungaria
D D			WILLIAM 11. VEST	Gallerine Welling
E .		15.		INFORMAN) Address
ait		(16	es, no, or unknown) (If yes give war ar dates af service) 578-24-1873	711:28- WORDTHULL Same
by the attending phys transit permit. Then p crematian, a removal,				A JUVEDIAL DEDICEN
at to			1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
# usi			IMMEDIATE CAUSE (a) Coronary Ay	tery Occusion 45 hrs
signed by the burial-transit burial, cremat			420 / DUE TO	d
			Conditions if any which save t	ic Coedia Vascular Desais
signed burial- burial,	1		rise to immediate cause (o),	Coopie Acoepail occasion
			stating the underlying cause DUE TO	
been s the iar ta			last. (c)	
icate has been for use as the Health priar ta	17			THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
p d		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PERFORMED?
certificate has thed for use as ot. af Health pr	0	CERTIFICATION		YES NO 🔀
or lec		FIG	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED). (Enter noture of injury in Port I or Port II of item 1B.)
-		RT	OR CONTRIBUTING CAUSE OF DEATH	to the state of th
ert ned			(IF EITHER, NOTIFY MEDICAL EXAMINER)	
RECTOR: After this certi 3 shauld be detached with the State Dept. a		MEDICAL		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
中 中 中 中		GP I	Haur o.m. While Not While fo	octory, street, office bldg., etc.)
e e			p.m. 19 at wark at wark	
Aft			21. I certify that (1) (this haspital) attended the deceased fram_	0 cl. 6 , 19 66, to 00.8 , 19 66 that (1) (we) last
# He			sow the deceased alive an Oct. 1966, and th	at death occurred at 2:00 AM, fram causes and on the date stated above.
5 5 4		14	22g. SIGNATURE A	22b. DATE SIGNED
× S S			100	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIVO-8-66
ed ed			0014	
- B	-		22c. PHYSICIAN'S	22d. ADDRESS
A Pe	1		NAME (Type)	916 19th St. U. W. Wash. DC.
TO FUNERAL DIRECTOR: After this ce director, page 3 should be detache should be filed with the State Dept.	1	22-	D. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City or Tawn) (County) (State)
E Pe le	1	230		
OPT	CH		urial 10-12-1066 date of -e	eaven Cemetery/ Silver Spring, Md.
	m	24	1. FUNERAL DIRECTOR ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
/R A15 (4)	16	4	oseph sawler's Sons Inc	DATE OCT 13 1966 Charles Judge
LO 141 1/00			ol30 Wisc. Ave.N.W. Wash.DC.	DAIL TO THE TOTAL OF THE TOTAL

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital or attending physician.

hydroxy manufactorities and contact

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14434

CERTIFICATE OF DEATH

14434

1	1. F	PLACE OF OEATH			2. USUAL RESIDENCE (Whe	re deceosed lived, if institution	: Residence	e before odmission)
		o. COUNTY Mont somery	MARYLA	NO.	O. STATE MAKUI	and b. COUNTY	man	Innigary
	ŧ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN		c. CITY OR TOWN (If oursid	e corporote limits, write RURAL		
	1	write RURAL and give nearest town)	17 hr 4.	5m	in Huattsv	111	1	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in he		- //	d. STREET ADDRESS	1 1	-	e. IS RESIDENCE
71	1	Vashington Sam.	+ Hospy		2218 Char	leston Place		ON A FARM?
	[NAME OF DECEASED (Type or print)	MAY	055	ENFORT 4	OF DEATH Oct.,	3	0 year 0 19 6 6
	S. S	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIEO		B. OATE OF BIRTH		F UNDER 1	
	10	TE WHITE WI	DOWED DIVORCED		11/27/90	1 dast birthdoy) A	Months	Doys Hours Min.
	10o.	. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County & St	tote, or foreign country)		ZEN OF WHAT
	aurii	ing most of working life, even if retired)	INDUSTRY		New 40	NIC	Cool	NTRY? USA
-8	13.	FATHER'S NAME			14. MOTHER'S MAIDEN NAM	NE O		
		JAMES MORRI	50N		CATHERI	NE IRUIN	E	
		WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dotes of servi-	16. SOCIAL SECURITY NO.	17. 11	NFORMANT	Address	200	
	,				HESPITA	L KECOK	US	
		1B. CAUSE OF OEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	line for (o), (b), ond (c).)	06	and here	2. 1. 0.00		ONSET, AND DEATH
		IMMEDIATE CAUSE (o)		ue o	ice rance	to orige		don
		Conditions, if any, which gove) (b)	Cerebro	el	Certerio	Jelenon		1en known
		rise to immediate couse (a),		. /		1.		,
		stoting the underlying couse (c) (c)	inferiosclero	Tie	Cardio-1	rascular difea	re	unknown
1	N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELAT	ED TO T	HE TERMINAL OISEASE CONDIT	ION GIVEN IN PART 1(o)	7	19. WAS AUTOPSY PERFORMEO?
L	CATION			35-				YES NO
	CERTIFI	200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. OESCRIBE HOW INJURY OCC	URRED. (Enter noture of injury in Port	I or Port II of item 1B.)		
H		(IF EITHER, NOTIFY MEOICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 2	ne PIAC	E OF INJURY (Home, form,	20f. (City or town)	(Coun	nty) (Stote)
	MEDICAL	Hour o.m.	While Not While		ory, street, office bldg., etc.)	Los. (city or town)	(200	(51010)
		p.m. 19 21. I certify that (I) (this hospital)	ot work U ot work U	om (Chrok 2 = 100	0, to Oct. 30	10/	C that (I) (make)
		saw the deceased alive on		d that	death occurred at 3	PM, from couses on	d on the	e dote stoted above.
		220. SIGNATURE			/		22b. OAT	
		Que C	uagi	M.D	ATTENDING ME OIR	D. STAFF PHYS.	10-3	1-66
1		22c. PHYSICIAN'S NAME (Type) EINO	MAGI		831 Univer	wity Blud. E.	Silve	er Spring Md
	230.	BURIAL, CREMATION, REMOVAL (Specify) 23b. OATE THEREOF	166 Priente	1	REMATORY Cemeling	23d. LOCATION (City or Town	h. 5	County) (Store) 2. New York
	24.	FUNERAL DIRECTOR	254 Carsoll &	14	7.20 RECED BY	REGISTRAK 25b. REGISTRAK	TRAR'S SIG	
	1	(William Unitorn	wasting low	40	O OATE	1900		red judge

0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) . 20 M 1/66 THE REPORT OF THE PARTY OF THE

		 10.00	
	244		
	Elita Lett. va		
2.64		a serve till a min	
- m	1	46.0	
	100		
	11.51		

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT. 2, and 3 to PM3. Page delay is

in pencil in Item 18. Give Pages 1,

"pending"

This certificate should

necessory, please execute the certificate, writing the word

TO DEPUTY MEDICAL EXAMINER:

be executed within 24 hours after death. If

14435

Montgomery

Holy Cross Hospital

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

First

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

PLACE OF DEATH
 O. COUNTY

3. NAME OF

with the Stote Department of in any event within 72 hours ofter death. the funeral director. Page 4 should be forwarded to the Chief Medical Examiner office along with form load 2 poges E puo o burial-tronsit permit. Heolth or its designoted ogent, prior to burial, cremotion, or removal, 0.5 nsed TO FUNERAL DIRECTOR: Poge 3 should be 5 moy be retoined for your files. 0

VR A15ME (5)

MEDICAL EXAMINER'S

MARYLAND

c. LENGTH OF STAY IN 1b DOA

Middle

THE THE PARTY OF THE PARTY OF THE	more, marri	LAILD TITOI		
CERTIFICATE OF DEA	ATH	1443	15	
2. USUAL RESIDENCE (Where deco			efore odmissio	n)
o. STATE Maryland	b. COU	Monte	comery	
c. CITY OR TOWN (If autside corpo	orate limits, write RU		- V	
Wheaton		15	/	
d. STREET ADDRESS		1 /2/	e. IS RESID	DENCE
4022 Jeffrey	Street		YES	NO ARMS
Lost 4. DATE			oy Yeo	ır
PELLEU OF DEAT	rH 6, 0c	tober,66) 19	66
. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEA		
lov. 23, 1928	Jast birthdoy)	Months Day	Hours	Min.
11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN		1
y Minnesota		COUNTR	H.	2
14. MOTHER'S MAIDEN NAME				
Lucille 1	Merryman			
Wife Wife	Addr			
llis L. Pelle	eu Sam	e as I	tem 2	•
mary Ins	uffic		INTERVAL BET ONSET AND D	
ion, Ess	entia	ld		
/				
HE TERMINAL DISEASE CONDITION G	VEN IN PART 1(o)		19. WAS AUTO PERFORM YES	
Enter noture of injury in Part I or F	ort II of item 18.)			
E OF INJURY (Home, form, ry, street, office bldg., etc.)	. (City or town)	(County)	(Stote)

1	(DECEASED (Type or print)	William	-14	Richard	PE	LLEU	OF DEATH 6, Oct	tober,66	19 66
	5. 5		6. COLOR OR RACE		X NEVER MARRIE			9. AGE (In years last birthday)	Months Days	IF UNDER 24 HRS. Hours Min.
		Male	White	WIDOWED	DIVORCE		23, 19	28 37 yrs.	10 13	
			(Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY	11. BIR	THPLACE (Stote	or foreign country)	12. CITIZEN OF COUNTRY?	WHAT
1		Vice Pi	resident	Ins	urance A		linnes		COUNTRY	U.S.
-	13.	FATHER'S NAME				14. MOTH	HER'S MAIDEN N	AME		
1		George	B. Pelle	eu, Sr			Lucil	le Merryman		
1	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	f service) 16. S	OCIAL SECURITY NO.	17. INFORMANT	Wife	Addre		- 0
1	(10	Yes	R IN U.S. ARMED FORCES? (If yes give wor or dotes o Korean	21	2-24 1 251	Phyllis	L. P	elleu Sam	e as Ite	2m 2.
Ĵ	T	18. CAUSE OF D	EATH (Enter only one cou	se per line lor	(o), (b), an (c)	0	1	1 000		RVAL BETWEEN
		PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	Cule (orona	ry d	Fronkic .	rency	SET AND DEATH
4		420	DUE	10 //	1. 2	_ \	1	3 MA	01	
H		Conditions, if ony		(p) A	ypen	ension	1 (sseulla	20	
1		stoting the unde		TO	11					
1		last.)	(c)						
	NOI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? VES. NO.								
>	ΞI	YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part or Port of item 18.)								
	CERTIFICATION									
	MEDICAL		JRY Month, Day, Yeor	20d. IN	20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)					
31	MED	Hour o.r	10	While of work	Not While of work	foctory, street, o	ffice bldg., etc.)			
			y that Look chorge			pove held an Au	tonsy .	Inspection X, Inqu	iry 🔀 and	in my opinian
)[Accident		Homicide		73	,,
	-1		11/11/	17	7//		CHIEF MEDICAL I			
7		SIGNATURE /	selle.	n oc	1/204	M.D.	ASSISTANT MEDI	CAL EXAMINER	2	2. DATE SIGNED
		EXAMINER'S	2	6	111	- 110	DEPUTY MEDICAL	EXAMPLE X	141	1911
4		NAME (Type)	DELDEN	IN	/XOA			city, Town, County)	0,6,	166
		BURIAL, CREMATIC	1			EVERY OR CREMATORY		23d. LOCATION (City or Tov	wn) (County)	(Stote)
1		Burial (Specify		-66		wn Cemet	ery	Rockvill	e, Mary	Land
		ROBERT	A DIMDUI	DEV D	ADDRESS	Manuelar	2So. REC'D	BY REGISTRAR 25b. RE	GISTRAR'S SIGNATUR	0
		RODEKI	A. FUMPHI	CEI, B	ernesda,	Marylar	THE DATE OC	T 1 0 1996 8	Marles,	usge
								y	U	

Management and the second of t

- MEETE

the state of the s

Total Section of the section of the

" " with the first the state of the state of

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) a. COUNTY b. COUNTY 1 the Montgomeru MARYLAND by the deat b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give naarast town) write RURAL and give neerest town) .57 within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give streat eddress) filled d. STREET ADDRESS apers. Pag 72 hours 13120 Requer 13120 Reaver Terrace completely 3. NAME OF Middle 4. DATE Last Month DECEASED pa OF within (Typa or print) DEATH carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and last birthday) Months Female 1880 WIDOWED T DIVORCED physician please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or Joraign country) dang during mast of working life, evan if retired)
Office Manager Harrisburg. (pal 2. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending and Peter Pendergast Susanna Donnelly Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 13120 Reaver Terrace (Yes, no, or unkown) | (Ifyesgivawarordatesofsarvice) ilver Spring, Maryland BETWEEN permit. attending physician. been signed by 18. CAUSE OF DEATH [Enter only one cause per line for (a), 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO Conditions, if any, which gava rise to immadiate cause burial, has DUE TO (a), stating the underlying the cause last. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) the hospital as 0 CERTIFICATION USB prior 20a. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) for R: After this detached for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) Health ATTENDING WEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) be retained ō factory, streat, offica bldg., atc.) While Not Whila DIRECTOR: 3 should be det at work at work 1965 21. I certify that (1) (this hespital) attended the deceased from.... ns. .19. and that death occurred at 2.4 M, from the causes and on the date stated above. saw the deceased alive or ORO 22e. SIGNATURE ATTENDING TO FUNERAL director, page 5 HOSPITAL death. Page 4 O FUNERAL K PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 4323 Havard Street, Silver Spring. Delaneu 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Pennsylaama 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE Larter

MARYLAND STATE DEPARTMENT OF HEALTH

Montgomery

Day

IS RESIDENCE ON A FARM?

1966

YES NO IX

Year

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY

ONSET AND DEATH

PERFORMED?

NO

(State)

22b. DATE

(State)

SIGNED

YES

(County)

VR A1S (4) 20M S-63

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	Division	ot	STATISTICAL	RESEARCH	AN
1443	7				
E OF DEATH					

CERTIFICATE OF DEATH

14437

T.									
1	. PLACE OF DEATH				Where deceased lived, if in		e before odmission)		
	o. COUNTY Mo	NTGOMERY	MARYLAND	o. STATE b. COUNTY MOI			NTGOMERY		
ı	b. CITY OR TOWN (If a	utside carparate limits,	c. LENGTH OF STAY IN 1b		utside carparate limits, writ				
	write RURAL and gi	ve nearest tawn) _NEY	4 DAYS	Roc	KVILLE		15-1		
ŀ		OR INSTITUTION (If nat in has		d. STREET ADDRESS			e. IS RESIDENCE		
1		ERY GENERAL H		13503 KEA	TING ST.		ON A FARM? YES NO X		
ŧ	3. NAME OF	First	Middle	Last	4. DATE	Month	Day Year		
	DECEASED (Type or print)	RALPH	CLIFTON	PHILLIPS	OF DEATH	10-	20 19 66		
1		. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year		YEAR IF UNDER 24 HRS. Doys Hours Min.		
	MALE		OWED DIVORCED	3-15-94	70	rrs.			
	100. USUAL OCCUPATION (G		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, ar foreign country)	12. (11)	IZEN OF WHAT		
1	during most of working life, CARPENTER,		Bldg. Construction	MARYLAN	D	000	INTRY? USA		
	13. FATHER'S NAME			14. MOTHER'S MAIDEN					
1	EDWARD	PHILLIPS		ADA SOU	DER				
T	IS. WAS DECEASED EVER IN	U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	MFORMAN Miriam	A. Philling	Address 3 50 3	Kenting St		
	(Yes, na, ar unknawn) (ir	yes give, war ar dates of service None	214-03-8646	Kerkerkere	executer.	Rockui	ille, Md.		
		H (Enter only one cause per l	line far (a), (b), and (c).)				INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My orandish infantion, acute ONEY AND DEATH								
	4201 DUE TO								
1	Conditions, if any, which gave rise to immediate couse (o),								
H	stoting the underlying								
	lost.	(c)	CANCELL STREET						
1	PART II. OTHER SIGNI	FICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?		
. 18	AIIO						YES NO		
1000	20a. ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER, NOTIFY MEI	CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED). (Enter nature of injury in	Part I or Port II of item 18	3.)			
	20c. TIME OF INJURY Haur o.m.		20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	n, 20f. (City or tow	m) (Cou	nty) (Stote)		
	Haur o.m.	19	While at wark at wark	actary, street, office bldg., etc.)				
1			attended the deceased fram_	10/16	1966, to 10/	20 . 194	C, that (I) (we) last		
		eased alive an	1966, and th	at death accurred at	4:08 PM, fram cau				
	22a. SIGNATURE	1 1			MED. CYNER	22b. DA	TE SIGNED		
ı	C	And Osm	is and	M.D. PHYS.	MED. STAFF PHYS.				
	22c. PHYSICIAN'S NAME (Type)	D Routeau	A M D	22d. ADDRESS		Ma	ryland		
	MAINE (Type) /-	A. D. BONIFAN		7,41,444	orings. NXXX	AVA THAT	egenta		
T	230. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY O		23d. LOCATION (City		(County) (State)		
-		Oct. 24,	1966 Fort Lincol		Prince Ge	b. REGISTRAR'S SI			
r	24. FUNERAL DIRECTOR	or will wisou	ADDRESS 4 Geo.	tgia nue.	DOTOF				
T.	Warner & D	umphrey Inc.	Silver S	oring, Malate	UCT 25 1951	6 Mlso	2/20		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit, then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, or removel, and in any event, within 72 haurs after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

NA GOVERNMENT			
		1/	
Market St.	LUCY OFFICE STATE OF THE STATE		
	en ever tike	THE PROPERTY.	
	The state of the s	ETIH	
	TREATMENT OF THE PROPERTY OF	ast leaver	D Carrer (avo
		2922	

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

14438

CERTIFICATE OF DEATH

5 2 4	_		
death neral and 2 death	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Reside	nce befare admission)
de ar de		COUNTY A COUNTY A	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		MONTGOMERY MARYLAND Md:	ONIG.
ft e es		b. CITY OR TOWN (If autside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside corporate limits, write RURAL and gr	ve negrest town)
4 6 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		write PIIPAL and give pagest town	
within 24 haurs after death. tely filled in by the funeral ban papers. Pages 1 and 2 , within 72 haurs after death	1	AKOMA PARK I II days SILVER SPRING	15.1
s. S.	<u> </u>	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS	I e IS RESIDENCE
1 1 iii			e. IS RESIDENCE ON A FARM?
and	M	LASHINGTON JANITARIUM +HOSKI 9105 WIALDEN RI	YES NO X
声 宝龙/0	3.	NAME OF First Middle Last 4 DATE Month	Day Year
San Vitt		DECEASED OF	Day fear
		Type or print) GUSSIE ANITA PIPER DEATH 10 -	10 - 1966
cample cay even	5.		
S E S S O	3.	last birthday) Manths	Days Haurs Min.
20 5		Te Wh. WIDOWED W DIVORCED 8-13-86 80 Yrs.	
ate de execut ciar and cam ease remave and in any ev	100		TIZEN OF WHAT
	dur		OUNTRY?
2 8 6	001	none - NEW JERSEY	U.S.
	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
physicial physicial pleas aval, and	13.		
certificat g physici hen ple naval, a		VON POPER LENA KELLE	K
em The	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
華 · · · · · · · · · · · · · · · · · · ·	(Ye	s, no, or unknown) ((if yes give war ar dates of service)	
a per o	1,	no	
that the death certific an. by the attending phys transit permit. Then p crematian, ar remaval,			INTERVAL BETWEEN
± 5±± ₹	1	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
# ISI # 3		MAEDIATE CAUSE (a) Goronary insufficiency	OUSET AND BEATH
tre do no		4201 DUE TO	
equires that the physician. Signed by the burial-transit burial, crema			A TOTAL TOTAL
physici physici signed burial-i burial,		Canditians, if any, which gave (b) arteriosclerosus	
		rise to immediate cause (a), DUE TO	
ding een the		stating the underlying cause of the state of	
		lost. (c) Tracture, puthalogica, Left Jernowick straps	1
Sa Sa S		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY
	MEDICAL CERTIFICATION		PERFORMED?
	3	Deneralized careenomaloses from preast.	YES NO
PHYSICIAN e hospital of the certificat stacked far Dept. af Hec	Ē	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW/INJURY OCCURRED. LEnter nature of injury in Part II or Part II of item 18.)	
L	8	OR CONTRIBUTING CITICALUSE OF DEATH	
ospit certificertiil thed or. of	12	(IF EITHER, NOTIFY MEDICAL EXAMINER) I I fell at home	
G PHYSIC the hospi this certi detached the Dept. of	2	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or lawn)	ounty) (State)
Det the	E E	Hour a.m. While Not While factory, street, affice bldg., etc.) School Street Space	in Ind
NG V T	-	p.m. 19 atwark atwark home Suluk Spries	ng Pour.
		21. I certify that (I) (this haspital) attended the deceased from 9-29, 1966 ta 10-10, 19	66, that (I) (we) last
NP Peck		saw the deceased alive an 10-10 1966, and that death accurred at 675 M, from causes and an	
ATTENI etained CTOR: A shauld ith the			
A # 日 # 華		22a. SIGNATURE 2/2b. ATTENDING MED. STAFF 22b.	DATE SIGNED
OR De red w		Henry Co Laces and M.D. ATTENDING DIRECTOR DIRECTOR PHYS.	7-11-66
0 0 0 0 0		ZZc. PHYSICIAN'S	,,,
A Political		MARE True 1 1 1	5 - Ind
Page 4 may be retained by C FUNERAL DIRECTOR: Afficient page 3 should be should be filed with the S Treng I was A A	+	NAME (Type) Itemry W. Jaeger 1015 Spring ST, Silver	pringen -
N P P P	22.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City of Lown)	(County), (State)
Page O FUN direct shaul	230		11
0 0 0 0 v		Burlow Och 13, 1966 arlington Northern arlington	Vargrane
O	24	FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR 25b. REGISTRAR'S	SIGNATURE (
VR A15 (4) 20 M 1/66	10	that Welling and wall 100 and a dece Will	zulas Judas
20 M 1/66	14	DATE UL 3 JOB JOHN	

A SHIP OF THE PROPERTY OF THE L. C. 26991

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY b. COUNTY MONTGOMERY Page af p death. Maryland Montgomery MARYLAND delay partment b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PM3 ofter Bethesda (Rural Takoma Park Navat Medical NSCHOOL INNMC, give ethera, Md e. IS RESIDENCE ON A FARM? d. STREET ADDRESS De Item 18. Give Pages 1, haurs NO X ate 603 Boston Avenue 24 haurs after death. 3. NAME OF First Middle DATE 25 St Month Year DECEASED OF within 66 (Type or print) William Bruce PITZE DEATH October 19 Office alang with 9. AGE (In years 6. COLOR OR RACE IF UNDER IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH lost birthdoy Months Dovs Hours WIDOWED DIVORCED event 40 yrs CV April 1917 Cauc. and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? USA U. S. Navy Gerrardstown, W. Virginia miner 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAM pencil and Margaret M. Buchanan Harry M. Pitzer Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? .⊆ 16. SOCIAL SECURITY NO 17. INFORMANT 603 ABoston Avenue rd "pending" ir Chief Medical I (Yes, no, or unknown) (If yes give war as dotes of remaval Mrs. Joyce H. Pitzer Takoma Park. Maryland Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY GUIT Shot- Would P IMMEDIATE CAUSE (o) This certificate shauld ward crematian, DUF TO farwarded to the Conditions, if ony, which gove rise to immediate couse (a) DUE TO 0 stoting the underlying couse burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY CERTIFICATION PERFORMED? certificate, YES X NO p pe should be 20o. EXTERNAL CAUSE WAS PRIMARY LA OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) prior 3 shauld 38 cal. Pistel CAUSE OF DEATH. agent, 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not While FUNERAL DIRECTOR: Page Page ot work designated 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection A Inquiry X and in my apinian the funeral director. death resulted fram: Suicide X Natural causes Accident Hamicide Undetermined manner retained please CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ¥. SIGNATURE pe Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** may NAME (Type) Address (Street, city, town, or county) BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 0 Burial (Specify) 966 Arlington Nathonal Cemetery Arlington, Virginia

VR A15ME (5) 6M 1/66

24. FUNERAL DIRECTOR

86550 Georgia Avenue 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1966

W.W. Chambers Funeral Home Silver Spring. Md.

NOV DATE

Ochanles

Cente.

U. s. keys Commandatown, k. Varginia USA

Sparge M. Pitter, Er. (IF-SLATE) Margaret II. Sections

Sanlyred the county stable of reach one I - I - I - I

Letteston Betwind Convey Arkington, Virginia

Will Corpore tweeth Mr a Dilloc Spring, Ma.

Sh. Bost

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by sician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. These please remave carbon papers. Pages—and shauld be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs if the dept. Page 4 may be retained by the haspital ar attending physician.

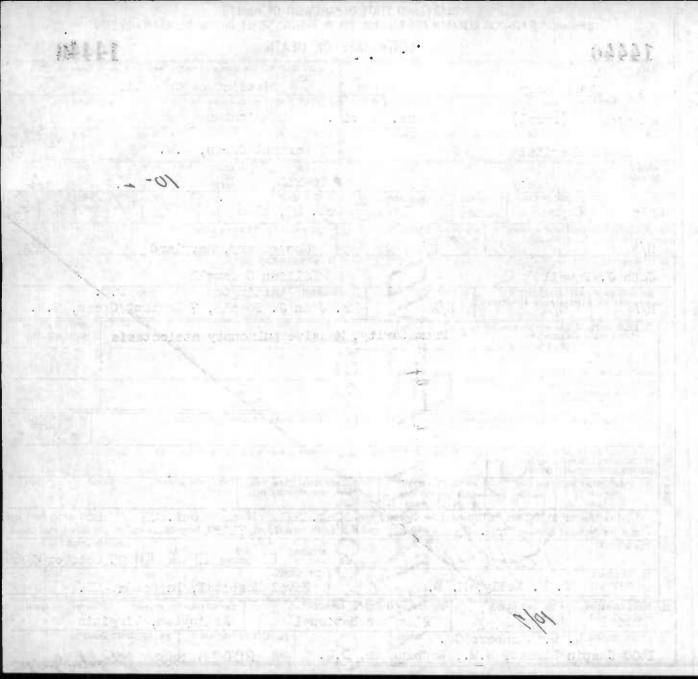
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

·CERTIFICATE OF DEATH

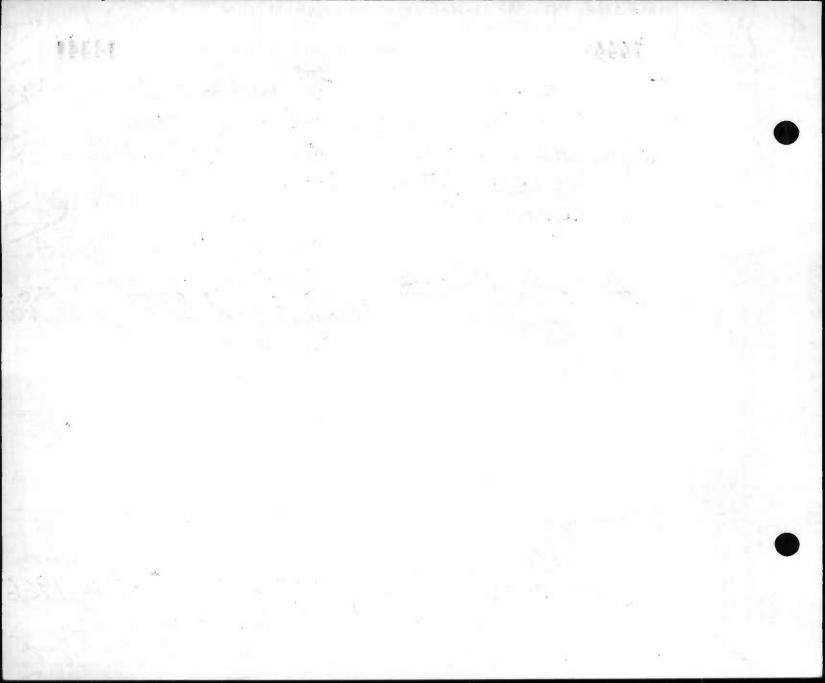
144411

14441			Cicitiiii	CALL	OI DEATH		14	4411	
PLACE OF DEATH					2. USUAL RESIDENCE (Whe	re deceosed lived, if institut	tion: Residence	before admissi	ion)
o. COUNTY	Montgomery		MARYU	AND	o. STATE Distr	ict of Colum	niy nbia		
b. CITY OR TOWN	(If outside carparate limits,		c. LENGTH OF STAY IN		c. CITY OR TOWN (If outsid			earest tawn)	
Bethesda	d give negrest town)		7 hrs. 10	mi	n. Washin	gton	4	7.3	
	TAL OR INSTITUTION (If not	in haspital, g	ive street oddress)		d. STREET ADDRESS		1	e. IS RESI	DENCE
Naval	L Hospital				7 Sextant G	reen, S.W.		YES	NO X
3. NAME OF DECEASED	First		Middle			DATE Mon	th	Doy Ye	our
(Type ar print)	Baby		Boy		POWELL	DEATH /	23-	19 (66
S. SEX		7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9. AGE (In years last birthday)	Months D	ear IF UNDE	R 24 HRS. Min.
Male	Negro	WIDOWED	DIVORCED		Oct. 23, 1966	Yrs.	Monnes	7	10
IOo. USUAL OCCUPATIO	N (Give kind of work done	10b. Kil	ND OF BUSINESS OR		11. BIRTHPLACE (County & St	ote, or foreign cauntry)		N OF WHAT	
during most of working	g lite, even it retired)	INI	DUSTRY N/A		Montgomer	y, Maryland	COUN		USA
13. FATHER'S NAME					14. MOTHER'S MAIDEN NAM				
John J.	Powell			7	Lillian Cr	omwell			
IS. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. 5	OCIAL SECURITY NO.	17. II	NFORMANT Washin	gton Addr	ess D.C.		
(Yes po or unknown)	(If yes give war ar dates of	service)	N/A		. John J. Pow		ant Gre	en. S.	W.
Canditians, if on rise to immedia stating the undulost. PART II. OTHER S	te couse (o), arilying couse (c)	o) o	O DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CONDIT	ION GIVEN IN PART 1(a)		19. WAS AUT	MED?
OR CONTRIBUTING	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 1B.)							YES 🔀	NO [
20c. TIME OF IN. Hour o.	Y MEDICAL EXAMINER) IURY Manth, Day, Year m. 19	20d. IN While at wark	- Not While -		E OF INJURY (Home, form, ary, street, office bldg., etc.)	20f. (City ar tawn)	(Caunt	γ)	(State)
21. I cert saw the c	ify that (t) (this hosp deceased alive on O	itol) otteno	led the deceased fr 19_66_, ar	rom(nd that	deoth occurred at 7	66, to Oct. 21 10PM, from couses	and an the	らthot 知 (d) (dote state	we) las d abave
22a. SIGNATURE		leel		M.D	ATTENDING ME PHYS. DIR	D. STAFF ECTOR PHYS.	22b. DATE	signed ctober	196
22c. PHYSICIAN' NAME (Type		ly, M.	O _D .		22d. ADDRESS Naval Hos	pital, Bethe	esda, M	d.	
23a. BURIAL, CREMATI REMOVAL (Specif	10/26	EOF 66	23c. NAME OF CEMET			23d. LOCATION (City or To Arlington,	,	.,	Stote)
24. FUNERAL DIRECTO	OR W. W. Cham	bers C	O . ADDRESS		2Sa. REC'D BY	REGISTRAR 2Sb. R	EGISTRAR'S SIGN	NATURE	
1400 Cha	apin Street.	N.W.	Washington	a. D	.C. DATE OI	T 2 6 1000	mel		

VR A15 (4) 20 M 1/66



Items 18&21 Film 382 11-1MARYLANDISTATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where desensed lived, PM3. Poge ond 3 ta State Department of deoth. MARYLAND delay c. LENGTH OF STAY IN 16 ofter e. IS RESIDENCE ON A FARM? not in hospital, give street address) d. STREET ADDRESS form hours Item 18. Give Pages 1, NO This certificate should be executed within 24 hours after death. 4. DATE along with 3. NAME OF Middle Year 72 First DECEASED OF the Type or print) DEATH 19 event within with AGE IF UNDER I IF UNDER 24 HRS SEX B. DATE (In years MARRIED NEVER MARRIED hirthdoy) Months Doys Hours 3 WIDOWED DIVORCED Office ond 2 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY any 13. FATHER'S NAME 14. MOTHER'S MAIDEN = File pup 15. WAS DECASED EVER IN U. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates af service) = 16. SOCIAL SECURITY NO. INFORMANT 17. permit. ward "pending" i the Chief Medical removol CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Uremia due to Chronic Renal Disease 0 IMMEDIATE CAUSE (a) writing the ward burial, cremation, DUF TO Conditions, if any, which gove 9 rise ta immediate cause (o), DUE TO 0 stoting the underlying cause forworded Hypertensive cardiovascular disease last. SO nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS) CERTIFICATION pleose execute the certificote. NO pe its designoted agent, prior to should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) 3 should PRIMARY ar CONTRIBUTING O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH files. MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Your Hour a.m. While Not While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge Poge at work 21. I certify that I book charge of the remains described above, held an Autopsy and in my apinian retoined for director. deoth resulted for Noturol_couses X Suicide Homicide Undefermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funerol TO FUNERAL Health or i pe necessary, **EXAMINER'S** moy NAME (Type) the 230. RURIAL REMATION REMOVAL (Specify) 2So. REC'D BY REGISTRAR VR A15ME (5) 66 6M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201

71)		14449.	CERTIFICATE	OF DEATH	14	442
	4	PLACE OF DEATH g. COUNTY ON FIGURE RY ON FIGURE RY ON ON OF TOWN (If autside carborate limits, write RURAL and give nearest tawn) JENSING TOWN d. NAME OF HOSPITAL OR INSTITUTION (If nat in h	amouths - 13 day	2. USUAL RESIDENCE (Where decease of state of the state o	Like b. COUNTY Monta	earest town)
90		00 1-			Manth Oct. AGE (In years IFUNDER 1 YI	YES NO ZY Day Year 19 6 6
	13.	USUAL OCCUPATION (Give kind of work dane ing most of working life, even if retired) FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? s, na, or unknown) (If yes give war ar dates of servi	16. SOCIAL SECURITY NO. 17. IN	11. BIRTHPLACE (County & State, or fo ENGLAND 14. MOTHER'S MAIDEN NAME ENGLAND FORMANT	Roberts 12716 Addressping	Verrace
0		18. CAUSE OF DEATH (Enter anly ane cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if ony, which gave rise to immediate cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	Jeon Jeel	andore Set EFERMINAL DISEASE CONDITION GIVE	Olzeno,	INTERVAL BETWEEN ONSET AND DEATH 10 400 19. WAS AUTOPSY PERFORMED?
	MEDICAL CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Haur o.m. p.m. 19		onter noture of injury in Part I or Part Soft INJURY (Hame, farm, 177), street, affice bldg., etc.)	t II of item 18.) (City or town) (Count	YES NO W
1	230	21. I certify that (1) this hospital saw the deceased byte an	M.D M.D M.D 23c. NAME OF CEMETERY OR C	ATTENDING DIRECTOR 22d. ADDRESS C 5 2 6 REMATORY 23d. LG 23d. LG	A, fram causes and an the 22b. DATE 22b. DATE 200. Cation (City or Town)	
	3	REMOVA (Specify) L. FIJNERAL DIRECTOR Stables Shows Onn B. Johnson S. Dunnbray Inc.	1966 Union Cemete 8494 Georgi Silver Spri	a Ave 25a. REC'D BY REGISTE	es, Ohio RAR 25b. REGISTRAR'S SIGI 0 1966 John	NATURE vley Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death redificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 20 M 1/66

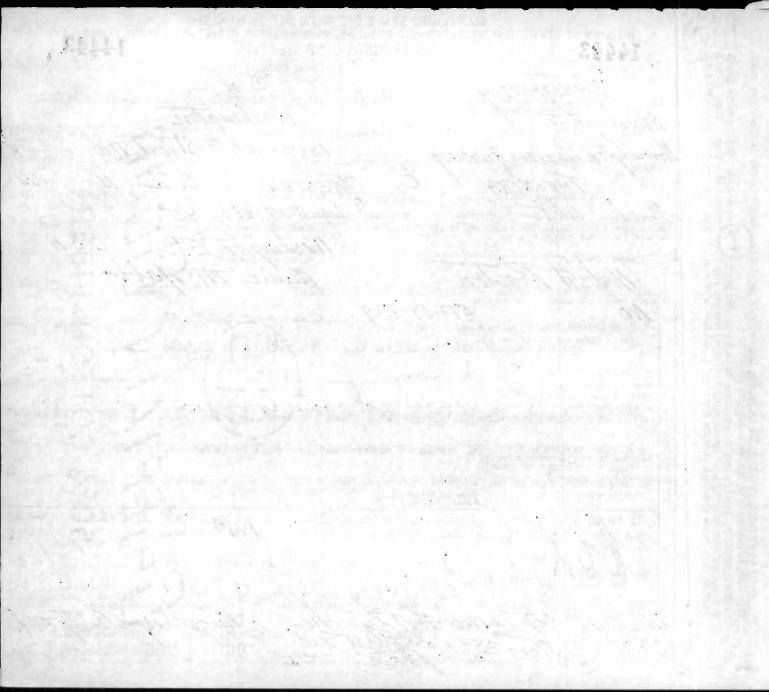
17 12 113 24 0.000 . . . the second of The second with the second the se

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1443 CERTIFICATE OF DEATH 1443

1. PLACE OF DEAT a. COUNTY	H				stitution: Residence before admission)
a. 0001111	Monlapusper	MARYLAND	a. STATE D. 6	LC b. cou	NIY
b. CITY OR TOW	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	ide corporate limits, w	rite RURAL end give nearest town)
HELLSeil	3/37/		Washe	ing lon	47.3
d. NAME OF HO	SPITAL OR INSTITUTION (if not in h	ospital, give street eddress)	d. STREET ADDRESS	St of	e. IS RESIDENCE ON A FARM?
Mensulator	Nardeus Nurs	149	1809-20	Olyes	M.W. YES NO NO
3. NAME OF DECRASED	Fjrst	Middle	Last 4.	DATE Mont	
(Type or print)	THEOSTORA 1	C. 7	PESTON	DEATH OCOLE	2 // 1966
5. SEX	6. COLOR OR RACE 7. MARRIED	THE TEN MARKITED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
Jamal 2	WIDOWED WIDOWED		4945127188	8.5 yrs.	
		IND OF BUSINESS OR NDUSTRY	URSHARE (County	M. D. C	12. CITIZEN OF WHAT
13. FATHER'S NAM	1E) 477 7		14. MOTHER'S MAIDEN	NAME /	10.
Hou	rehl Treslon		aimie	Malla	CC -
15. WAS DECEASED (Yes, no, or unknown)	EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Addre	ess
NO	5	78-09-7309			
Total Control of the	DEATH [Enter only one cause per-	ine for (a), (b), and (c).	0	0	ONSET AND DEATH
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	moslendes	cerebra	assar	la
33 +	DUE TO	•			5 400
Conditions, if		neoro			
cause (a), s	tating the DUE TO	0000	a fi	0	2074
Underlying cau	SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN	
FICATI					YES NO
	WAS UNDERLYING 20b. ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inju	ary in Part I or Part II	of Item 18.)
0 1		factor	CE OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
Hour a.	m. 19 While	Mot wulle	01-0	0.0	
21. I cept	ly that (1) (this hospital) attend	ed the deceased fromC	Alend 1, 196		(, 19.66, that (I) (we) last
	ceased alive on UES	(19 66, and that	death occurred at	ZM, from the causes	and on the date stated above.
22a. SICHATU	\$ 1 cm cm		ATTENDING MED		22b. DATE SIGNED
22c. EPYSICI	ANIS	M.D		CTOR PHYS.	1 10/11/66
NAME (T	ype) GEKN	euzburg	7852 16	- 56 NG	J Work 12 DC
23a. BURIAL, CRES		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, 1	own or county) (State)
Confile to	on 601. 121764	Tool Luce	our V	THICH TENE	ors Couly MA
24. FUNERAL DIR	11/2 Hope 254	Carries Cost,	7.W. 25a. REC'D	07	REGISTRAR'S SIGNATURE
numer	Wallers alish	will an a.C.	ZAN/DATE U	UI 13 1956	Judge Judge

VR A15 (4) 20M 1/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending conscious and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11444

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re	esidence before admission)
	a. COUNTY	3 STATE D. COUNTY	VAMENUVINA
-	MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
0	write RURAL and give nearest town)	Rotanna accompans The arian warmen	47 3
12	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 15 11 + A 11	d. IS RESIDENCE
F	PURLAND NESS HOME 2101 FAIRLAND RD	43000 HX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	ON A FARM?
3.	NAME DF First Middle	Last 4. DATE Month	Day Year
	DECEASED (Type or print) WALTER J.	PROCTER SOBEATH OUTS BER	27 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER)	
1	JALE WHITE WIDOWED DIVORCED	DEC. 28 1873 92 yrs. Months	Days Hours Min.
10.	a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY		TIZEN OF WHAT
A	WNING BUSINESS Manufacturing	WASHINGTON D.C. 11	is.A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
M	PALTER PROCTER	XXXXXXXXXXXXX Mary Mollay	
15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 705 Burner Mills	Ct. 5. 5
	No None 579-66-7500 T	Walter J. Procter. Ir.	Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	0-	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leur at Effe	eseon Course wellingown	3 MLC).
	0031 DUE TO D	1 P	3 1
	Conditions, if any, which \ (b) (Becken Here)	ast backare	3 days.
	gave rise to immediate cause (a), stating the DUE TO		
_	underlying cause last. (c)		
TION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA	I is tale Resection of the og	70. Cusheles	YES NO
CERTIFICAT	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.)	4
		CE OF INJURY (Home, farm, 2Df. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. While Not While facto	ry, street, office bldg., etc.)	(4,233)
Σ	p.m. 19 at work at work	10 + 1 10/1 . 27 100 K 10/1	11 1 10 1 1 1 1 1
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 25 1906, and that		, that (I) (we) last
	22a. SIGNATURE	death occurred at M, from the causes and on the	TE SIGNED
	Horiela M.D	ATTENDING AMED. STAFF - 10/2	7/66.
	22c. PHYSICIAN'S	22d. ADDRESS 7/12 Willow Aug	
	NAME (Type) M. 13 QUEEN	TAKONIA Park, Md	
238		OR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
Bi	read (Specify) Oct. 29, 1966 Parklawn Ceme	tery Rockville, Maryl	and
24	FUNERAL DIRECTOR Clank & Wiso ADDRESS Georg	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	
Wa	arner E. Pumphrey, Inc. Silver Spr	ing MODATE OCT 3 1 1966 June	and and
-			

VR AI5 (4) 20M 1/65

Manager Colored Colore The same of the sa SECURITION OF THE PROPERTY OF A PROPERTY OF A PROPERTY OF THE THE STATE OF THE S AT STATE OF ALPHA DOTA ANTANAMENT WINDOWS TO THE WAR AND ANTANAMENT ANTANAMENT AND ANTANAMENT AND ANTANAMENT ANT North on American States and Stat the of the factor the steep and the steep as the state of